

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

This document provides best practice recommendations for supported living facilities and community residence facilities (CRF) for people who are elderly and physically disabled (Chapter 34), with intellectual disabilities (Chapter 35) or with a mental health diagnosis (Mental Health CRF). **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.

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

- **Stay at home if you are sick** or meet criteria to quarantine¹ 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 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 face masks must be worn when persons supported are:**
 - Outside the home when indoors
 - Outside the home in a crowded location
 - Outside the home when around people who are unvaccinated or with unknown vaccination status.
 - 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 while **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 physical distancing.
- **Clean hands** often with soap and water or alcohol-based hand sanitizer.

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

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

¹ For more information about quarantine see *Guidance for Quarantine after COVID-19 Exposure* at coronavirus.dc.gov/healthguidance

CONSIDERATIONS FOR PERSONS LIVING IN CRF OR SUPPORTED LIVING FACILITIES WHO ARE FULLY VACCINATED²

Fully vaccinated people MAY:

- Participate in **casual outdoor activities with members of their residence without the need to wear a mask.**
 - Examples of casual activities are visits to an uncrowded park or playground, going for a walk, run, or bike ride.
- Participate in **gatherings outdoors with friends and/or family without the need to wear a mask.**
- Attend a **gathering outdoors with fully vaccinated and unvaccinated people (who the person supported does not usually socialize with) without the need to wear a mask or social distancing.**
 - Fully vaccinated people may choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised or unvaccinated.
 - Fully vaccinated people may also choose to wear a mask during outdoor activities if they are in an area with low vaccination rates and substantial to high COVID-19 rates.
 - For information on the current level of community spread in DC, please visit coronavirus.dc.gov/page/reopening-metrics.
- Participate in a **gathering of fully vaccinated people (including those not living in their household) in an indoor private setting** without the need to social distance but they must wear a mask.
- **Fully vaccinated people should continue to follow everyday precautions when outside their home (e.g., wearing a mask and social distancing from people not from their household) when:**
 - In an organized, public outdoor setting (e.g., neighborhood gatherings, an outdoor worship service, outdoor festival, outdoor wedding)
 - In all indoor settings (restaurants, stores, places of worship, offices, schools)
- **People who are immunocompromised** (e.g., taking medications that suppress your immune system, history of organ transplant, autoimmune disorders, cancer), may not be fully protected even if they are fully vaccinated. They should continue taking all the same precautions as unvaccinated people as described in *Mask Guidance for the General Public* at coronavirus.dc.gov/healthguidance

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

- **Require each person entering the CRF to perform hand hygiene** with alcohol-based hand-rub (ABHR) with at least 60% alcohol or with soap and water for at least 20 seconds.
- **All direct care staff³ 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.
 - **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.

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

³ **Direct care staff:** Includes all staff who have direct contact and provide care or services to persons living in CRFs
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- CRFs should follow guidance on **Screening in a Healthcare Setting** at coronavirus.dc.gov/healthguidance.
- **Actively encourage sick direct care staff to stay home.** Inform all direct care staff in writing that they must not come to work if sick. Inform them of applicable paid leave provisions. Implement leave policies that are flexible and non-punitive and allow sick direct care staff to stay home.
 - Leave policies are recommended to account for the following:
 - Employees who report COVID-19 symptoms
 - Employees who are isolating after testing positive for COVID-19
 - Employees who need to quarantine after close contact exposure to someone with 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
 - Encourage and support staff to get the COVID-19 vaccine by providing leave options to get the vaccine and if they experience common side effects.
 - Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law and created whole new categories of leave, such as Declared Emergency Leave that will end in November 2021.
 - Learn about and inform your employees about COVID-related leave provided through any new federal laws 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.

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 physical distancing.
- Masking and physical distancing is not required for **outdoor visitation** if:
 - Both the person supported AND the visitors are fully vaccinated.
 - The person supported is vaccinated and unvaccinated visitors are from a single household.
 - The visitation occurs away from other people in the facility.
 - **NOTE:** If the fully vaccinated person supported is immunocompromised, they should continue taking all the same precautions as unvaccinated people as described in

Mask Guidance for the General Public at coronavirus.dc.gov/healthguidance

- Visitors (regardless of vaccination status) should wear a mask at all times when visiting a person supported who is unvaccinated.
- **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 OR THE SUPPORTED LIVING FACILITY

- **Implement source control measures**
 - All direct care staff must wear a well-fitting face mask (medical, surgical or procedure) while in the facility or any alternative setting where patient care services are provided.
 - Direct care staff must follow guidance, including eye protection⁴ (i.e., goggles or face shields), as outlined in ***Required Personal Protective Equipment (PPE) for Healthcare Facilities*** at 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 not wear gloves for an extended period of time unless they are providing care to a person with laboratory-confirmed COVID-19, with symptoms of COVID-19, or another medical condition that requires the use of standard precautions. Extended use of gloves may spread germs and prevent appropriate hand hygiene.
 - If gloves are worn, they must be changed when soiled, between individuals, and as indicated after care activities (such as toileting).
 - Hand hygiene must be performed before and after putting on and removing gloves.
- **Rapidly identify and properly respond to persons living in the CRF or supported living facility with suspected or confirmed COVID- 19.**
 - Facilities must identify space where COVID-19 related isolation or quarantine can occur.
 - Limit direct care staff assigned to care for persons with known or suspected COVID-19. Require that these direct care staff only provide care to the isolated or quarantined person to decrease the risk of the virus spreading to others in the household.
 - 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

⁴ 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.

Services (whichever agency oversees your facility).

MAINTAIN ROBUST INFECTION CONTROL PRACTICES

- **Facilities must educate all direct care staff and persons living in CRF or supported living facilities about appropriate hand hygiene practices.**
 - Ensure that ABHR that contains at least sixty percent (60%) alcohol is available throughout the residence. If this is not possible due to safety concerns, ABHR must be available to all direct care staff for frequent use (e.g., providing travel sized ABHR).
 - Sinks must be properly supplied with soap and paper towels for handwashing.
- **Facilities must provide adequate cleaning and disinfection supplies.**
 - **Facilities must develop a schedule for regular cleaning (and disinfection 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://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html)
 - More information can be found on the Centers for Disease Control and Prevention (CDC) website: [cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)
- **Facilities must provide appropriate personal protective equipment (PPE) to direct care staff.**
 - Direct care staff must put on (don) the following PPE if caring for 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 *Conserving the Supply of Personal Protective Equipment (PPE) in Healthcare Facilities* and *Required Personal Protective Equipment (PPE) for Healthcare Facilities* at [coronavirus.dc.gov/healthguidance](https://www.coronavirus.dc.gov/healthguidance).
 - Information for donning and doffing of PPE, including training videos, can be found on CDC's website: [cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html).

CONSIDERATIONS FOR SURVEILLANCE TESTING

- **DC Health does not recommend weekly testing of all persons living in CRF for the elderly and physically disabled⁵ or for persons with intellectual disabilities⁶ unless there is a specific reason to do so (such as an ongoing outbreak within a specific facility).**
 - Testing of asymptomatic persons in CRFs will be determined on a case-by-case basis.
- **Individual CRFs may consider having their staff undergo weekly surveillance testing, but it is currently not required.**
 - This should be determined based on the type of care being provided (such as the level of close contact between the staff and the person receiving care) and the risk level of the person receiving care.
 - Surveillance testing (i.e., non-outbreak testing) of fully vaccinated direct care staff is not recommended.
- **Persons in the residence should contact their medical provider if they display symptoms of a COVID-19 infection or have concerns about exposure.**
- **Outbreak testing, when needed, will be determined on a case-by-case basis and directed by DC Health.**

⁵ Chapter 34 Community residence facilities for the elderly and physically disabled.

⁶ Chapter 35 Community residence facilities for individuals with intellectual disabilities.

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