

Coronavirus 2019 (COVID-19): Risk Assessment for Community Visits

DC Health has adopted a risk-based strategy when determining the need to quarantine residents of long-term care (LTC) facilities after trips into the community. **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 document provides guidance on how to complete the risk assessment. The template included on page 2 of this document may be used as is appropriate, based on current DC Health guidance. This is not intended to be a substitute for normal screening procedures for new admissions or for residents transferring back from another facility (e.g., after an inpatient stay at a hospital). For more information about health screening recommendations, quarantine, or guidance for specific settings, please refer to coronavirus.dc.gov/healthguidance.

Definitions

Close contact: Someone who was within 6 feet of an infected person for at least 15 minutes over a 24-hour period, starting from 2 days before illness onset (or for asymptomatic infected people, 2 days prior to positive test collection) until the time the infected person is isolated.

Immunocompromised: Someone who has 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 transplants or stem cell transplant, and people on dialysis.

Up to date on COVID-19 vaccine: A person is considered up to date after they have received all recommended doses of the COVID-19 vaccine, including booster doses as applicable. This includes residents who:

- Received their 2nd dose of an mRNA vaccine (Pfizer or Moderna) less than 5 months ago; or
- Received a single J&J vaccine less than 2 months ago

Implementation guidelines

- This community activity risk assessment can be used in a variety of ways:
 - To assess individual residents before they leave the facility/home for activities. Using the tool before a resident goes on a community outing encourages transparency and shared decision-making that could help mitigate risks before they occur to reduce subsequent need for quarantine.
 - To ensure that the proper infection prevention procedures are initiated after a resident returns to the LTC facility/home following community activities. Long-term care facilities/agencies should always follow DC Health guidance appropriate to their setting and contact DC Health for clarification if needed.
 - To track and document the frequency that residents leave the LTC facility/home for community visits.
 - To develop policy for a list of activities and subsequent interventions common to the facility/home (shopping, dinner out with family, getting nails done, etc.)
- Community visits and risk assessment should be documented in the resident's care plan.

For any resident taking a trip outside of the facility, the facility/agency should:

- Provide the resident/client with any items needed to follow infection prevention recommendations (e.g., hand sanitizer, face covering or mask).
- Educate the resident and friends/family about appropriate precautions as listed in the attached letter on page 3.
- Continue daily symptom screening of residents after they return to their facility/home.
- If quarantine is indicated based on the resident's risk assessment, follow DC Health guidance for quarantine appropriate for the resident's setting.

Coronavirus 2019 (COVID-19): Community Activity Risk Assessment Template

Instructions: Please fill in the following information.

Resident Name: _____

Date of Birth: _____

Departure Date/Time: _____

Return Date/Time: _____

Instructions: Please select either "YES" or "NO" to each question below.

For ALL Residents, Regardless of Vaccination Status

1. Has the resident recently recovered from a confirmed COVID-19 infection within the last 90 days? No Yes
If "YES", assess as lower-risk and the risk assessment is complete.

If "NO" to Question 1:

2. Did the resident have close contact with anyone confirmed to have COVID-19 during their time away from the facility/home? No Yes
If "YES", assess as higher-risk and the risk assessment is complete.

If "NO" to Question 1 and 2, continue:

3. Is the resident **both** up to date on their COVID-19 vaccine **and** not immunocompromised? No Yes
If "YES", assess as lower-risk and the risk assessment is complete.

If "NO" to Questions 1, 2, and 3, continue:

4. While away, did the resident interact **only** with individuals who are up to date on their COVID-19 vaccines (unknown should be treated as **not** up to date) **and** the resident is not immunocompromised? No Yes
If "YES", assess as lower-risk and the risk assessment is complete.

If NO to Question 4, please select either "YES" or "NO" to each question and assign 1 point for each "YES".

Non-Medical Community Activities

5. Did the resident participate in an indoor activity? No Yes
 6. Was the resident unable to maintain social distancing? No Yes
 7. Did the activity include ≥ 10 people (including the resident)? No Yes
 8. Did the duration of the activity exceed 24 hours? No Yes
 9. Was the resident unable to wear a mask during the entire outing? No Yes

Total Score _____

Score Interpretation

0-3 = **Lower risk activity** (e.g., walking in an uncrowded park or walking the dog around the block)
 4-5 = **Higher risk activity** (e.g., eating in a crowded restaurant). Recommendation to quarantine residents with higher risk (Score 4-5).

Coronavirus 2019 (COVID-19): Community Activity Letter to Family Template

Dear Residents, Families, and Friends:

We are committed to keeping our residents and clients safe, and we need your help. Even when levels of COVID-19 are lower in the community, the virus that causes COVID-19 can cause outbreaks in long-term care facilities. Many of our residents and clients are in a high-risk group for COVID-19 and may have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. For the safety of your loved one and our community, we encourage you to consult with the facility or agency staff before taking trips into the community. We recommend residents of long-term care facilities maintain core infection prevention practices during visits outside of the facility.

When taking trips into the community, residents must and those accompanying them should:

- Wear masks during the entire outing (if possible) and maintain social distance (as much as possible) from others while in the community.
 - If the resident is up to date with their COVID-19 vaccine, they can choose to have close contact (including touch) with others in the community while wearing a well-fitting face mask. If taking a walk outdoors and not in close contact with the community, a mask is not necessary.
 - Residents who are up to date with their COVID-19 vaccine visiting friends or family that are also up to date may choose to interact without face masks or physical distancing.
 - Physical touch for an extended period of time with people who are unvaccinated or not up to date with their COVID-19 vaccine or people with unknown vaccination status should be avoided.
 - Immunocompromised residents should wear a mask and 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.
- Be aware of potential risks of taking trips into the community, including a potentially increased risk of COVID-19 for your friend or family member as well as a potential risk of introducing COVID-19 into the facility/home.
- With your friend or family member's permission, keep a log of activities to allow for contact tracing if cases are identified.

The facility or agency should:

- Provide the resident/client with any items needed to follow infection prevention recommendations (e.g., hand sanitizer or masks).
- Educate the resident and friends/family about the risks and benefits of community visits and appropriate precautions as listed above.
- Continue daily symptom screening of residents after they return to their facility/home.
- If quarantine is indicated based on the resident's risk assessment, follow DC Health guidance for quarantine appropriate for the resident's setting.
- Perform testing upon return, even if quarantine is not indicated, for any visit lasting more than 24 hours.