DATE: June 23, 2020

TO: Assisted Living Facilities

FROM: Tara Ragland, Director, Division of Licensing Programs

SUBJECT: ALF Recommendations for Reopening

Virginia's assisted living facility (ALF) providers have worked tirelessly during the COVID-19 pandemic to try to ensure the health and safety of their residents and staff. As we begin to ease restrictions throughout the Commonwealth, the Virginia Department of Social Services (VDSS) is committed to helping you as you reopen your facilities to visitors. While restricting visitors was prudent to minimize risk to residents and staff, we know that ongoing separation from family and friends has created feelings of isolation, anxiety, and depression for many residents. However, because reopening facilities to visitors and other service providers carries risk, we would like to provide some general best practices, along with resources for more specific information.

The attached document, *Recommendations for Reopening Assisted Living Facilities*, outlines recommendations and best practices for ALFs when considering re-opening. Each individual facility should consider the reopening criteria and move through reopening phases based on assessment of its own specific circumstances. Additionally, we want to remind ALF providers of infection control requirements set forth in the Virginia Administrative Code at 22VAC40-73, Standards for Assisted Living Facilities.

Under 22VAC40-73-100, facilities are required to update their infection control programs in response to COVID-19 to address surveillance, prevention, and control of disease and infection. Revisions to infection control plans must be consistent with Centers for Disease Control and Prevention (CDC) guidelines and Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations. In addition, infection control programs should incorporate recommendations from VDSS and the Virginia Department of Health (VDH).

In addition, if there is an outbreak of an infectious disease, such as COVID-19, facilities must follow all recommendations made by VDH to prevent or control transmission of the infectious agent in the facility.

The ALF standards specify elements for development and implementation of an infection control program, as well as infection control training requirements for all levels of staff and volunteers. Your licensing inspector may request a copy of your updated infection control policies and procedures in response to COVID-19.

Please contact your inspector if you have any questions. Thank you again for the difficult work you have done over the last several months to care for Virginia's most vulnerable citizens—your residents—during this unprecedented health emergency.

RECOMMENDATIONS FOR REOPENING ASSISTED LIVING FACILITIES
June 23, 2020

To the greatest extent possible, we strongly advise that ALFs follow Centers for Medicare and Medicaid Services recommendations and the Virginia Department of Health Nursing Home Guidance for Phased Reopening. There is no one-size-fits-all approach to reopening assisted living facilities (ALFs). There may be reasons that some ALFs can consider less stringent guidelines, such as not having an outbreak in the facility and less community spread of COVID-19 in the locality. We are not suggesting that it is appropriate or prudent for every facility to consider reopening. Each individual facility should consider the reopening criteria outlined below and move through the reopening phases based on its assessment of its own specific circumstances. It is our understanding that many ALFs are lessening their restrictions. If an ALF chooses to reopen, a strict plan to mitigate risk is essential. The items below are basic items that need to be considered prior to reopening.

Best Practices for Reopening

- **Adequate testing and case status:** All residents and staff who wish to do so must be able to receive a single baseline test for COVID-19. If possible, have all staff and residents tested. The Virginia Department of Health offers point prevalence surveys for ALFs and provides information on testing recommendations, planning, and actions to take based on results. Generally, facilities should not consider reopening unless there has been baseline testing of all staff and residents, and there are no new COVID-19 cases in residents, acquired or originating in the facility, for 14 days.

- **Adequate staffing:** Facilities must be able to manage visitation while safely providing care with current staffing levels.

- **Adequate personal protective equipment (PPE) for staff.** All necessary staff must wear PPE when indicated. Facilities should have a contingency strategy for maintaining and obtaining PPE. Residents should wear a cloth face covering or facemask if tolerated when leaving their room. Exceptions include anyone who has trouble breathing, is incapacitated, or is otherwise unable to remove the covering without assistance.

  If staff need N-95 respirator masks due to COVID-19 positive residents, fit-testing for respirator use must be conducted.

- **Continuous monitoring of capacity:** Have a system in place to ensure there are resources available if there is a COVID-19 outbreak in the facility, which may include PPE, rapid testing, and adequate staffing. Facilities should consider a cohorting plan, where designated staff care for COVID-19 residents in a physically separate area in the event of an outbreak. See Nursing Home Guidance for Phased Reopening on page 5 for guidance.

- **Physical distancing:** Maintain strict physical distancing, positioning, and movement within the facility during visits. Encourage the use of outdoor areas or well-ventilated spaces when possible.

- **100% screening:** All visitors entering the facility and all staff at the beginning of their shift should

have their temperature checked, wear a cloth face covering or facemask, and answer questions about symptoms and potential exposure. All residents should be screened daily.

- **Number of visitors:** Initially, limit visitors to those essential for residents' well-being. Limitations should be at each facility's discretion depending on its unique situation.

- **Health support services:** Podiatry, dentistry, and therapy services should be permitted with the recommendation that service providers should provide necessary PPE. Facilities may wish to limit location of services to specific areas.

- **Personal services:** Barber and cosmetology services are strongly discouraged. If a facility deems them necessary, services may be permitted with appropriate infection control procedures, including limiting the number of appointments at a given time, wearing appropriate PPE (service provider and residents), appropriately sanitizing the service area and equipment before and after each appointment, prohibiting the use of hand-held dryers, and not permitting service providers to see outside clients at the facility. The facility may require service providers to supply any necessary PPE.

- **Communal dining and group activities:** Residents that are not infected or not suspected to have COVID-19 may gradually resume communal dining and group activities with stringent social distancing requirements and reduced capacity for the area where the dining or activity occurs.

- **Medically necessary transportation:** Ensure vehicles are appropriately cleaned and sanitized, residents and staff wear facemasks, physical distancing is observed, and driver is screened.

- **Prevalence of COVID-19 in the local community.** Considering the number and trend of cases in the surrounding community may be a factor in determining whether facilities want to reopen and/or the level of restrictions they wish to place on visitation.

We strongly encourage you to develop a plan that details how your facility will move through each phase. We also suggest that you continue to collaborate and communicate with your fellow long-term care facilities and associations, local health department, and licensing inspector for guidance and assistance.

Resources

Centers for Disease Control and Prevention (CDC)

Preparing for COVID-19 in Nursing Homes: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html

Centers for Medicare & Medicaid Services

Nursing Home Reopening Recommendations for State and Local Officials: *https://www.cms.gov/files/document/qso-20-30-nh.pdf*

Virginia Department of Health

VDH Nursing Home Guidance for Phased Reopening: *https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf*

Planning for Point Prevalence Surveys in Long-Term Care Facilities:
https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf

COVID-19 in Virginia: https://www.vdh.virginia.gov/coronavirus/

Virginia Long-Term Care Task Force: https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/

Local Health Districts: https://www.vdh.virginia.gov/local-health-districts/

Virginia Department of Social Services
VDSS COVID-19 Response: https://www.dss.virginia.gov/geninfo/covid.cgi

Commonwealth of Virginia – information on Phase 1 and 2 guidelines
Coronavirus (COVID-19 in Virginia): https://www.virginia.gov/coronavirus/

Virginia Administrative Code
22VAC40-73, *Standards for Assisted Living Facilities:*
https://law.lis.virginia.gov/admincode/title22/agency40/chapter73/