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Memorandum

TO: Assisted Living Residence Executive Directors
FROM: Secretary Elizabeth Chen
SUBJECT: Integrated Guidance and Resources for Assisted Living Residences (ALRs)
During the COVID-19 Pandemic
DATE: January 3, 2023

This updated guidance integrates and replaces **all** previously released COVID-19 guidance and is effective January 3rd, 2023.

The timing, severity, and size of surges in COVID-19 cases are unpredictable. **EOEA strongly recommends** that you incorporate the practices described in this guidance to minimize risk of widespread infection at your ALR when community levels inevitably rise. [Know Your COVID-19 Community Level.](#)

This document includes guidance and recommendations on the following:

1. Infection Control
2. COVID-19 Vaccination
3. COVID-19 Testing Requirements
4. Isolation of COVID-19 Positive Residents
5. Managing a COVID-19 Outbreak
6. Group Dining and Activities
7. COVID-19 Reporting Requirements
8. Temporary ALR Policies: overview of current policies and relevant extensions

Note: This document contains a substantial number of hyperlinks, which are not accessible if read only in paper form.

1. Infection Control

All ALRs must be prepared to care for COVID-19 positive Residents. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms. Symptoms may be mild and not require admission to a hospital. All ALRs are strongly recommended to follow the infection prevention and control practices recommended by DPH.

A. Ongoing Infection Prevention and Control Audits

EOEA strongly recommends that every ALR identify an individual, internally, or externally, to **conduct formal COVID-19 infection prevention and control audits at least monthly**.¹ If an audit indicates that the ALR is deficient overall, or in any audit core competency, then the audit should be conducted weekly until the ALR is no longer deficient.^{1,2}

Formal audits help identify system-level issues, but ongoing, real-time adherence is key. Interruptions, fatigue, time pressure, anger, distraction, anxiety, fear, or boredom can lead to lapses in adherence to protocol.³ A supportive culture encouraging real-time, peer, and community correction of non-adherence will be most effective.⁴

ALRs should follow [CDC guidance](#) for cleaning and hygiene protocols.

B. Screening for Symptoms and Exposure to COVID-19

Staff screening requirements:

ALRs should develop a process for screening **all staff** before their shift, **all visitors** before they enter the ALR, and **all special care Residents** daily. Screening should include a self-assessment for the following:

- The presence of [fever, chills, cough, or other symptoms of COVID-19](#);⁵ or
- A diagnosis of COVID-19 in the prior 5 days.

¹ Lipsitz, L. A., Lujan, A. M., Dufour, A., Abrahams, G., Magliozzi, H., Herndon, L., & Dar, M. (2020). Stemming the Tide of COVID-19 Infections in Massachusetts Nursing Homes. *Journal of the American Geriatrics Society*, 68(11), 2447-2453. ([link](#))

² Bharmal, Aamir, Carmen Ng, and Rohit Vijh. (2021). COVID-19 prevention assessments: A promising tool for preventing outbreaks in long-term care homes. *Journal of the American Medical Directors Association*, 2032-2033. ([link](#))

³ [An Overview of To Err is Human: Re-emphasizing the Message of Patient Safety - Patient Safety and Quality - NCBI Bookshelf \(nih.gov\)](#)

⁴ Houghton C, Meskill P, Delaney H, Smalle M, Glenton C, Booth A, Chan XHS, Devane D, Biesty LM. Barriers and facilitators to healthcare workers' adherence with infection prevention and control (IPC) guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2020, Issue 4. ([link](#))

⁵ See CDC [Symptoms of COVID-19 | CDC](#) and associated graphic [COVID FactSheet \(cdc.gov\)](#)

Staff should not work if they are exhibiting symptoms of COVID-19 or have had a diagnosis of COVID-19 within the past 5 days. Staff should follow the [DPH Isolation and Quarantine Guidance for Health Care Personnel](#) following infection or exposure to COVID-19 before returning to work.

Resident screening requirements:

All Residents should be encouraged to consult the Resident Care Director if they exhibit COVID-19 symptoms or feel concerned about being exposed to someone with COVID-19. It is recommended that ALRs distribute this [CDC graphic](#) to help Residents identify symptoms.

Residents in Special Care Units should be screened daily by a staff member until the county that the ALR is located in has a [low level of community transmission](#), as they may not be able to identify and communicate COVID-19 symptoms readily.

Visitor screening requirements:

Visitors should be offered a rapid antigen test and advised about the risks to the Resident if the visit takes place while the visitor is:

- experiencing symptoms associated with COVID-19,
- was diagnosed with COVID-19 within the past 5 days, or
- advised that the Resident will be informed of a positive screening and offered an opportunity for remote, rather than an in-person visit; and,
- advised if there are active cases in the building.

Testing cannot be required as a condition for visitation and visitors cannot be barred from visiting a Resident in their unit.

A **Resident** receiving a visitor who responds in the affirmative to any of the screening questions should be advised of the visitor's reported symptoms, diagnosis, and be offered an opportunity for a virtual, rather than an in-person visit. The ALR should offer facemasks⁶ to be worn during the visit and provide a reminder to open windows and doors to facilitate fresh airflow.

IMPORTANT NOTE: Residents have the right to accept visitors without restriction. ALRs that limit visits without the consent of a Resident or their legal representative, or without a local public health order, may be subject to sanctions. (651 CMR12.08(1))

⁶ See CDC [Use and Care of Masks | CDC](#), [Important Steps to Choosing a Mask | CDC](#) graphics, and recommendations to [Improve How Your Mask Protects You | CDC](#) (available in multiple languages)

C. Masks and Personal Protective Equipment (PPE)

Masks:

ALR Residents regardless of vaccination status, are not required to wear a facemask within their ALR units or common areas. If ALR Residents choose to leave the premises they should follow any applicable mask ordinances or requirements.

All ALR staff should continue to wear a facemask while they are in the facility and follow [DPH's recommendations for PPE](#) when caring for Residents with suspected or confirmed COVID-19. When staff are in areas of the residence that are not accessible to Residents, they may choose to remove their masks.

All visitors, regardless of vaccination status, must wear a facemask in common areas inside the ALR unless dining in the common area. Visitors may remove their facemask within the Resident's unit.

PPE:

ALRs should ensure all staff are using appropriate PPE when they are interacting with Residents and in alignment with [DPH and CDC guidance](#).

All staff must [wear a mask correctly](#) while inside the ALR. When caring for Residents with COVID-19, staff must wear NIOSH N95 respirators, eye protection, gowns, and gloves in accordance with the DPH Comprehensive PPE Guidance. A list of NIOSH-approved N95 respirators can be found [here](#).

For ALR staff, Eye protection is no longer required unless you are providing direct care to a positive (or suspected positive) Resident.

ALRs must have available and provide as appropriate, facemasks for Residents, visitors, and staff.

2. [COVID-19 Vaccinations](#)

[COVID-19 Vaccine Availability | Mass.gov](#) shows updated vaccination locations and the [COVID-19 In-Home Vaccination Program | Mass.gov](#) can vaccinate individuals who have difficulty leaving their homes.

Pursuant to the ALR vaccination regulation, CMR 12.06(9)(f), ALRs must ensure that all personnel have completed the full required regimen of vaccine doses against COVID-19 unless such administration is medically contraindicated, which means administration of COVID-19 vaccine is likely to be detrimental to the individual's health, provided that the individual provides supporting documentation, or the individual objects to vaccination on the basis of a sincerely held religious belief. If the individual seeks an exception for either medical or religious

reasons, the individual must be able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the Residence. Personnel may not otherwise decline the vaccines. ALRs shall ensure that all new personnel have completed the full required regimen of vaccine doses against COVID-19 or qualify for an exception from the requirement as described herein prior to being hired or otherwise affiliated with the Residence.

All Residents should be encouraged to be up to date with COVID-19 vaccination. Up to date means the Resident has completed a COVID-19 primary series and received the most recent booster recommended by CDC⁷. ALRs should facilitate Resident access to the administration of boosters in a timely manner.

3. COVID-19 Testing Requirements

Staff Surveillance: EOEA recommends that ALRs conduct weekly surveillance testing of staff in accordance with the [DPH Long-term Care Surveillance](#) guidance.

Outbreak Testing: ALRs should use rapid antigen tests to conduct outbreak testing on any exposed Residents and staff as determined by contract tracing **as soon as one staff or Resident case is detected**. A person is considered exposed to COVID-19 if they are within 6 ft. for 15 minutes or more within a 24 hr period of someone diagnosed with COVID-19 while that person was potentially infectious (within 48 hours of onset or positive test). If needed, the ALR should seek guidance from a DPH epidemiologist, who can be reached 24/7, by calling 617-983-6800 and selecting *Option 3*.

If an ALR is experiencing a COVID-19 outbreak and needs to perform outbreak testing, DPH will supply additional antigen point of care testing kits upon request. ALRs should submit the request form found at the following link: <https://bit.ly/3fy0kXy> ALRs may also purchase directly from manufacturers or distributors. To help meet immediate needs, there are distributors on existing Statewide Contracts that offer COVID-19 at-home rapid antigen test kits that ALRs may purchase from. Additional information can be found [here](#). The FDA provides an [updated list of authorized antigen tests](#) that do not need a prescription or CLIA certificate of waiver and can be self-administered in a home setting. **Positive results using rapid antigen tests do not need to be confirmed via PCR testing**.

4. Isolation of COVID-19 Positive Residents

The [CDC](#) and [DPH](#) use the term “**isolate**” to describe procedures for individuals who have COVID-19 symptoms or have tested positive.

ALRs should follow the [DPH guidance](#), which mirrors the guidance for the general public regarding isolation and exposure of Residents:

For those exposed:

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Residents should get a test for COVID-19 if:

- They develop *any* symptoms of COVID-19, even if they are mild, **or**
- On day 6 following an exposure to someone who has tested positive for COVID-19

For those positive:

If a Resident tests positive for COVID-19 they are required to self-isolate regardless of vaccination status and should follow DPH's [COVID-19 Isolation and Exposure Guidance for the General Public](#).

If a staff member test positive for COVID-19 they are required to self-isolate regardless of vaccination status and should follow DPH's [Guidance for Health Care Personnel with SARS-CoV2 Infection or Exposure](#). Per DPH guidance, any health care personnel who returns to work prior to 10 days since their first positive test was taken should avoid caring for patients who are moderately to severely immunocompromised until after 10 days has passed since their positive test.

Note: ALRs are subject to landlord/tenant law. ALRs that subject Residents to isolation without the consent of a Resident or their legal representative, or without a local public health order, may be subject to sanctions.

5. Managing a COVID-19 Infection Outbreak

If One Staff Member or Resident Tests Positive:

1. Immediately test any Residents and staff who may have been exposed using rapid antigen tests and establish separate, dedicated staffing teams to serve Residents according to their COVID-19 status. NOTE: Residents and staff who are recovered in the last 30 days can be excluded from this testing. Residents and staff recovered 31-90 days ago, should only be tested with a rapid antigen (not a PCR) test.
2. If additional support or guidance is needed then call the DPH epidemiology line (617-983-6800, *Option 3*) which is staffed 24/7 to discuss the nature of your outbreak, your ALR's physical and staffing configuration, and request advice on how to continue group dining and social engagement opportunities for Residents.

EOEA is recommending and urging every ALR to:

1. Ensure Residents receive a COVID-19 vaccine booster as soon as they become eligible.
2. Encourage COVID-19 vaccination for all eligible staff.
3. Conduct frequent infection control audits and address gaps in infection prevention and control.
4. Develop a staffing escalation plan for limited, moderate, and widespread infection at the ALR that ensures separate and dedicated staff for COVID-19 positive units and Residents. This may include contracting with staffing agencies to ensure that Resident needs can be met during periods of widespread infection and staff shortages.
5. Develop strategic and targeted approaches for dining and activities during an outbreak to minimize disruption of routines for Residents and risk of infection.

6. Prepare accordingly for timely onsite administration or access to therapeutics:
 - a. Ensure transportation options are in place to transfer Residents to a treatment center or for delivery of oral antiviral prescriptions, as appropriate.
 - b. Secure Resident consent for on-site administration and other processes needed in case of a large outbreak.
 - c. Information about therapeutic options changes rapidly. EOEA recommends checking the following [website](#) weekly to stay informed.

6. Group Dining and Activities

EOEA recommends offering a rapid antigen test to visitors prior to dining and other congregate activities as a precautionary step, especially when [Community Levels are Moderate or High](#).

7. COVID-19 Reporting Requirements

(651 CMR 12.06(9)(f)(2), 651 CMR 12.04(11)(d), and 651 CMR 12.04(13)(a)(3))

- **Resident and Staff Cases and Deaths:** ALRs are required to (1) submit incident reports for every new COVID-19 case and death for staff using this [link](#) and Residents using this [link](#) within 24 hours, **and** (2) submit information in accordance with Chapter 93 of the Acts of 2020 using this [link](#).
- **Vaccination Status of Residents and Staff** upon request.
- **Status of Infection Prevention and Control Audits** upon request.
- **Other Information** upon request to inform policy development or to monitor infection, prevention, and control of COVID-19.

8. Temporary ALR Policies: overview of current policies and relevant extensions

Extension of Skilled Nursing Services

In accordance with Section 3 of Chapter 107 of the Acts of 2022, until the termination of the declaration that an emergency exists which is detrimental to the public health as declared by the Governor on May 28, 2021, or until March 31, 2023, whichever is sooner, a nurse employed or contracted by an ALR may provide skilled nursing care subject to the following provisions:

1. Skilled care may only be provided to Residents under an established plan of care.
2. The prohibition on retaining Residents who require skilled care for more than 90 consecutive days in accordance with [M.G.L. c.19D, s.11](#), shall resume-upon the expiration of the emergency declaration or Section 3 of Chapter 107 of the Acts of 2022, whichever is sooner.
3. The skilled care to be provided may include, but is not necessarily limited to, the application or replacement of simple non-sterile dressings, the application of eye drops, the application of ointments, the management of oxygen on a regular and continuing basis, and injections.
4. The nurse providing skilled care must hold a valid license to provide such care.
5. Any skilled care to be provided must be authorized by a physician or relevant medical professional.
6. Skilled care may only be provided if the setting is medically appropriate for such care and the proper equipment, medication, and supplies are readily available.
7. The Resident must be evaluated by the nurse before any skilled care may be provided.
8. Prior to the provision of skilled care, the ALR must obtain the consent of the Resident, the Resident Representative, or Legal Representative.
9. Any charges that may result from the provision of skilled care must be disclosed and accepted by the Resident, the Resident Representative, or Legal Representative.

Administrative Requirements are as follows:

1. An ALR providing skilled care must notify EOEa that it is to provide skilled care to Residents and submit reports on the skilled care provided as required by the Secretary of EOEa. ALR compliance with such reporting requirements is required as a condition for the provision of skilled care.
2. Documentation concerning medical orders for skilled care, Resident consent, Resident evaluations, notice of charges, and the skilled care provided must be included in the Resident's record.

Extension of Minimum Staffing Requirement Waiver

In accordance with Section 3 of Chapter 107 of the Acts of 2022, the requirement that no fewer than two staff members be on duty in a Special Care Unit (SCU), is suspended until March 31, 2023, or the termination of the Governor's emergency declaration, whichever is sooner.

ALRs are required to always have sufficient staff to meet the scheduled and reasonably foreseeable unscheduled Resident needs. The ALR must track and document SCU staffing levels.

Extension of Training Requirement Waiver

In accordance with Section 3 of Chapter 107 of the Acts of 2022, the training requirements for ALR staff, as described in 651 CMR 12.07, are waived until March 31, 2023, or the termination of the Governor's emergency declaration, whichever is sooner, subject to the following:

1. All newly hired ALR employees must have adequate experience to fulfill the requirements of the position safely and professionally.
2. All newly hired employees must receive sufficient on-the-job training to familiarize them with the operational and administrative standards of the ALR, and to enable them to safely carry out their assigned duties.
3. ALRs must provide any critical training as necessary to protect the health, safety, and welfare of ALR Residents.

Appendix A
Quick Reference Guide to Resources

Assisted Living Regulations – October, 2020

https://www.mass.gov/doc/651-cmr-12-certification-procedures-and-standards-for-assisted-living-residences/download?_ga=2.254787086.749878762.1630080810-1438394668.1621624072

Access Dynamics Incident Reporting:

https://umassmedcwm05.crm.dynamics.com/main.aspx?appid=bf1d17b4-5934-48e7-ab00-069a887bf163&forceUCI=1&pagetype=entitylist&etn=alr_individualincidentreporting&viewid=62ab00cc-4591-e911-a82a-000d3a315bf6&viewType=1039

Questions on Incident reporting including user requests

ALRincidentreport@MassMail.State.MA.US

Reporting non-Resident (staff) COVID cases

<https://app.keysurvey.com/f/41535389/a1fc/> -

ALR Support Blog for Incident reporting

<https://alrir.800ageinfo.com/>

REDCAP Reporting – DPH Chapter 93

<https://www.mass.gov/redcap/chapter-93>

Redcap Email for questions to DPH

Chapter93.ElderFacilities@mass.gov.

Questions for all other non-IR related questions

ALRHelp@MassMail.State.MA.US

DPH EPI -line 617-983-6800

COVID-19 Treatment Information

[Information for providers about therapeutic treatments for COVID-19 | Mass.gov](#)