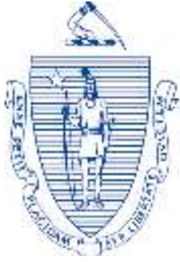

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Memorandum

TO: Assisted Living Residences Executive Directors
FROM: Executive Office of Elder Affairs Secretary Elizabeth Chen
SUBJECT: Guidance for Assisted Living Residences (ALRs) following the COVID-19 State of Emergency

DATE: June 14, 2021

On May 28, 2021, the Governor executed COVID-19 Order No. 69, which rescinds the March 10, 2020, State of Emergency declaration at 12:01 am on June 15, 2021. Effective June 15, 2021, this document provides ALRs with guidance and recommended practices during this next phase of the COVID-19 pandemic. Additional guidance may be released as necessary.

1. General ALR Guidance:

A. Pursuant to the May 28, 2021, DPH Order Regarding Face Coverings to be Worn in Certain Settings and the May 29, 2021, DPH Guidance Regarding Face Coverings to be Worn in Certain Settings:
   1) unvaccinated ALR residents should wear a mask when outside of their units;
   2) all staff regardless of vaccination status should wear a mask while inside the ALR at all times with the exception of a defined set of circumstances as further outlined in COVID-19 Guidance for all healthcare organizations and providers;
   3) all visitors should wear masks at all times in common areas inside the ALR; except under the following circumstances;

1. fully vaccinated visitors visiting a fully vaccinated resident in their unit may remove their masks;
2. fully vaccinated visitors may remove their masks when dining or participating in group activities in common spaces with fully vaccinated residents

Individuals are considered fully vaccinated 14 days or more after receiving their final dose of the vaccine.

B. ALRs should follow CDC and relevant state guidance regarding appropriate COVID-19 practices.
C. ALR management should foster a supportive environment free from judgment that encourages staff and residents to self-identify as a potential virus carrier due to the onset of symptoms or recent activities that might have placed them at high risk of contracting COVID-19, and to provide these individuals with appropriate tools to mitigate spread.
D. In accordance with 651 CMR 12.04(11)(d) and 651 CMR 12.02, ALRs are required to submit incident reports for every new COVID-19 case and death for staff and residents within 24 hours.
    1) Critical Incidents must be submitted to EOEA via Dynamics using the flowing link: https://umassmedcwm05.crm.dynamics.com/apps/ui
    2) ALRs are Chapter 93 Elder Facility Reporters and therefore must report on COVID-19 cases and deaths among residents and staff and provide this information to the Department of Public Health within 24 hours of case or death identification. Data is reported through the REDCap system.

2. Considerations During Times of High Community Transmission[1]

ALRs should consider implementing the following practices during times of high community transmission:

A. Strict adherence to infection control practices by all within the ALR community is paramount to limiting in-house spread during times of high community transmission. ALRs should:
    1) Conduct regular and frequent infection control audits;
    2) Designate infection control personnel to monitor and frequently circulate throughout the ALR to ensure adherence to infection control policies and procedures as needed. (See CDC Guidance for Assisted Living Facilities).

[1] **High Community Transmission** is defined as cities or towns designated yellow or red on the Weekly COVID-19 Public Health Report.

B. Staff: To the extent possible, staff should not share assignments as this increases opportunity for virus spread from staff to resident, or from resident to staff.

C. ALRs with Special Care Units should:
   1) Be prepared to employ steps to modify the environment to reduce the potential for virus spread in the event an outbreak occurs, such as using temporary zip walls to divide the Residence into smaller sections that still allow for supervision and freedom of movement for residents.
   2) Pay special attention to mitigating the potential for virus spread from staff to multiple residents when staff are assisting with medications, feeding, or providing other close contact care. Staff members should not provide care for to both residents who are COVID-19 positive and those who are not known to be infected.

D. Planned Resident Leave of Absences:
   EOEA recommends that residents do not participate in planned leaves of absence in areas with high community transmission. However, in all circumstances, if a resident wants to schedule a planned leave of absence from the ALR, the facility clinical leadership should work with the resident and their loved ones to advise them how to plan for a safer leave. This plan should include appropriate education for the resident and loved ones about:
   1) Vaccination, for the resident, their loved ones, and other potential contacts;
   2) Wearing face coverings when required;
   3) If a resident is not fully vaccinated:
      1. Practicing physical distancing;
      2. Limiting interaction to the fewest number of people possible while the resident is on their planned leave;
      3. Limiting the interaction with loved ones to the fewest number of people possible for two weeks before the resident's planned leave/visit;
   4) Conducting an assessment about the possible exposure risks while the resident is on their planned leave and instructions about how to mitigate them.

3. Workforce safety

As outlined in COVID-19 Guidance for all healthcare organizations and providers, ALRs should establish a process to ensure everyone arriving at the ALR is assessed for symptoms of COVID-19 and exposure to others with suspected or confirmed SARS-CoV-2 infection.

4. Testing:

A. Testing of Staff and Residents: EOEA recommends that ALRs follow the latest Long term Care Surveillance testing guidance issued by DPH; this guidance can be found here under *"For long term care facilities."*

Upon the identification of a new cases, EOEA recommends that ALRs follow outbreak testing protocols as further described below and as outlined in DPH guidance Caring for LTC Residents During the COVID-19 Emergency which can be found here.

B. Point of Care (POC) rapid diagnostic tests: ALRs should refer to the most up to date EOEA BinaxNow Guidance which can be found here under "*For assisted living residences.*"

ALRs may have access to POC rapid diagnostic tests purchased directly or distributed by U.S. Department of Health and Human Services, including BinaxNOW test kits. This guidance applies only to BinaxNOW test kits supplied by DPH and does **not** apply to POC rapid diagnostic tests obtained by LTC Facilities from the federal government.

All positive POC rapid diagnostic tests must be followed up with PCR testing.

If an ALR utilizes onsite POC testing, the ALR must submit both positive and negative test results to the Department of Public Health's Bureau of Infectious Diseases and Laboratory Sciences (BIDLS). The spreadsheet attached to this guidance (Attachment B) includes the required data variables. Please send the completed spreadsheet to ISISImmediateDiseaseReporting@mass.gov along with primary contact details and the BIDLS team will follow up with you.

C. Surveillance Testing:

It is recommended that ALRs follow the Long-Term care Surveillance testing guidance from DPH. This memorandum applies to all long-term care settings including nursing homes, rest homes and assisted living residences (ALRs). The Full guidance can be found here: DPH Guidance, May 5, 2021: Updates to Long-Term care Surveillance Testing

D. Outbreak Testing:

It is recommended that ALRs conduct outbreak testing on all residents and staff within 48 hours of a newly identified case per DPH guidance, Caring for LTC Residents During the COVID-19 Emergency. Following the requisite outbreak testing, ALRs should test all residents and staff every three days until the facility goes seven days without a new case or their assigned epidemiologist directs otherwise. In addition, ALRs should immediately test any symptomatic resident or staff member or newly exposed resident or staff member. The ALR may use the BinaxNOW tests to perform testing described in this paragraph.

5. In-Person Visits

A. All visitors should wear masks at all times in common areas inside the ALR; except under the following circumstances;

   1) fully vaccinated visitors visiting a fully vaccinated resident in their unit may remove their masks;
   2) fully vaccinated visitors may remove their masks when dining or participating in group activities in common spaces with fully vaccinated residents.

B. If a resident's unit is shared with an unrelated party, the ALR should advise all parties regarding the mask advisory for unvaccinated individuals. ALRs should request that visitors perform hand hygiene and be offered a face mask if they are unvaccinated and do not have one.

C. A resident who is suspected or confirmed to be infected with COVID-19 and not yet recovered should not participate in an in-person social visit.

6. Hand Hygiene

A. ALRs should refer to CDC guidance regarding hand hygiene. Regardless of whether community transmission of COVID exists, staff should be encouraged to practice regular and frequent hand hygiene using an alcohol-based hand rub, including:

   1) Immediately before touching a resident;
   2) Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices;
   3) After caring for a person with known or suspected infectious diarrhea;
   4) Before moving from work on a soiled body site to a clean body site on the same patient;
   5) After touching a resident or the resident's immediate environment;
   6) After contact with blood, body fluids or contaminated surfaces; and,
   7) Immediately after glove removal.

B. ALRs should encourage Residents to practice frequent hand hygiene throughout the day.

C. ALRs should encourage visitors to practice hand hygiene upon entry to the Residence and frequently throughout their visit.

7. Personal Protective Equipment (PPE):

ALRs should continue to follow the most recent guidelines issued by DPH that aligns with the CDC as it relates to PPE usage, including any updated guidelines released subsequent to the date of this guidance. In addition, health care providers should follow PPE training and other

protocols related to essential supplies as outlined in COVID-19 Guidance for all healthcare organizations and providers.

8. Surface Hygiene:

ALR staff should regularly disinfect surfaces, common areas, and designated visitation sites with a CDC approved disinfectant. Refer to the CDC for more information: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

9. Communal Dining and Group Activities:

ALRs may allow communal dining and provide indoor group entertainment and activities

A resident who is suspected or confirmed to be infected with COVID-19 and not yet recovered should be advised not to participate in group dining or activities.

10. Quarantine

ALRs operate under a landlord/tenant relationship and may only impose a quarantine of residents through the issuance of an authorized order by a local board of health.

11. Other Information:

DPH and EOEA strongly encourage all ALRs in Massachusetts to monitor the CMS and CDC website for up-to-date information and resources:

- CMS website: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
- CDC website: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: https://www.mass.gov/2019coronavirus.