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Date: Tue, Dec 22, 2020 at 4:39 PM
Subject: ALF Outbreak Toolkit
To: <DSS_LICENSING@listserv.cov.virginia.gov>

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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

DATE: December 22, 2020

TO: **Assisted Living Facilities**

FROM: **Tara Ragland, Director**
           Division of Licensing Programs

SUBJECT: **Assisted Living Facilities (ALF) COVID-19 Response Toolkit**

This is to inform you of a new resource, the "ALF Outbreak Toolkit." This toolkit provides easy access to the various tools and documents made available by different state agencies to assist ALFs and the residents and families served. The information provides resources addressing outbreak preparation and tools to implement once an outbreak has occurred.

We encourage you to take advantage of this new resource.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

COVID-19 Response Toolkit for Assisted Living Facilities

This toolkit is designed to help assisted living facilities (ALFs), which are considered long-term care facilities (LTCFs), prepare for and respond to COVID-19 outbreaks. Given their congregate nature and vulnerable population served, ALFs are at high risk for SARS-CoV-2 spreading quickly among their residents and staff. ALFs in Virginia are licensed by the Virginia Department of Social Services (VDSS), but the infection prevention and control guidance released by the Virginia Department of Health (VDH), the Centers for Disease Control and Prevention (CDC), and the Centers for Medicare & Medicaid Services (CMS) for nursing homes can also be applied to ALFs.

A single confirmed case of COVID-19 is considered an outbreak in any LTCF . Outbreaks must be reported to the local health department serving the city or county in which the facility is located, as well as to the licensing agency for the facility.

[Virginia COVID-19 Long-Term Care Task Force – Coronavirus](#)

Preparation:

A single case of COVID-19 can lead to a widespread outbreak in a congregate setting very rapidly. Strong infection prevention and control (IPC) programs are critical to protect staff, residents and visitors. VDH recommends implementing immediate [infection control measures](#) described on the CDC website. This detailed [CDC webinar](#) will help facilities understand the control measures that should be in place to prepare for an outbreak.

[Considerations for Preparing for COVID-19 in Assisted Living Facilities](#)

- [Preparedness Checklist for Long-Term Care Facilities](#) - This checklist can be used to implement preparedness protocols in the facility.
- [COVID-19 mitigation plans for Assisted Living Facilities](#) - VDSS recommends ALFs should have an operational plan in place to reduce the spread of COVID-19. The guidelines are outlined in this document.
- [Training for Healthcare Professionals](#) - In preparation for a confirmed case of COVID-19 or an outbreak, ALF staff should receive foundational IPC training, available through CDC at the link above.
- Proactive [Infection Prevention and Control self-assessment](#) – The goal of an infection prevention and control assessment (IPCA) is to identify gaps in IPC practices and help the facility resolve these problems. Local health departments may be available to assist

with an IPCA. If the local health department is not immediately available for an onsite or virtual IPCA, facilities are encouraged to self-assess their own IPC practices using the tool linked above.

- LTCF Task Force Resources Playbook – This document contains a broad array of resources, covering how to access resources related to staffing, supplies, infection control, and other topics to support responses to COVID-19 cases and outbreaks in LTCFs.
- Holiday considerations for Long-Term Care Facility Residents and their Families - Please refer to this document when creating visitation policies for residents during holidays.

Response:

This checklist outlines the steps an ALF should take in the event of a confirmed case of COVID-19 or a COVID-19 outbreak.

- ❏ Notify your Local Health Department
    - ❏ Outbreak reporting is required for all LTCFs and important for discussing outbreak management and control best practices.

    - ❏ VDSS requires that you also notify your VDSS inspector.

- ❏ Wear appropriate PPE
    - ❏ Designate a person already trained to ensure N95 fit-testing for staff members required to wear N95 respirators. If available brands or sizes of respirators changes, staff will have to be fit-tested again.

- ❏ Cohorting
    - ❏ Cohorting refers to the practice of isolating individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual rooms. While cohorting those with confirmed COVID-19 is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals.

    - ❏ Consider help from your local health department while developing a cohorting plan, including how to establish **Hot, Warm** and **Cold** units when needed.

    - ❏ When cohorting residents, and if facility space allows, it is recommended to cohort: i) known COVID-19 positive residents; ii) new admissions with an unknown status; and iii) current, healthy asymptomatic residents, separately from each other with **designated staffing for each group**.

- ❏ Facilities might consider creating three types of units to help with cohorting staff and preserving PPE:
  - ❏ **Warm** zone (unknown COVID-19 status, symptomatic residents who tested negative for COVID-19, and roommates of COVID-19 positive residents or others considered exposed). Ideally all rooms in the warm zone should be single rooms. Ensure careful planning of staff cohorting in warm zones. <u>HCPs should not reuse PPE across residents who do not have the same diagnosis in a warm unit.</u>

  - ❏ **Hot** zone (positive COVID-19 residents): Assign dedicated HCP to work only on the COVID-19 care unit; Designate separate space (e.g., breakrooms, bathrooms) for staff when possible; Cohort staff to care for positive or negative residents.

  - ❏ **Cold** zone: for healthy asymptomatic COVID-19 negative residents.

- ❏ Follow infection control guidance from CDC. Depending on the level of care and services provided in the ALF, recommendations in the following guidance documents may apply:
  - ❏ [Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes](#)

  - ❏ [Interim Guidance for Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities](#)

  - ❏ [Considerations for Memory Care Units in Long-term Care Facilities](#)

- ❏ Onsite or virtual IPCA
  - ❏ Your local health department may conduct a site visit (in-person or virtual depending on circumstances) to ensure all IPC [recommendations](#), including environmental cleaning, are being followed.

- ❏ Testing for the virus (SARS-CoV-2) that causes COVID-19:
  - ❏ Refer to Appendix 1 on pg.5 to learn more about testing criteria

  - ❏ Any testing of facility residents or staff should be conducted in consultation with your local health department.

  - ❏ Staff who test positive will be unable to work for a period of time after diagnosis. Be prepared for potential staffing shortages and have a plan in place for finding more staff if needed. See the [LTCF resources playbook](#) for further information.

- ❏ Specimens must be collected, labeled, packaged, and shipped according to [DCLS guidelines.](#)

- ❏ Guidance after testing:
  - ❏ Residents testing positive for COVID-19:
    - ❏ Consult with your local health department regarding placement of patients and other residents in the facility.

    - ❏ Residents with known or suspected COVID-19 should ideally be placed in a private room with their own bathroom.

    - ❏ All residents who have tested positive for COVID-19 must be placed on transmission-based precautions until they meet the criteria for [discontinuation of transmission-based precautions](#).

    - ❏ If an asymptomatic resident becomes symptomatic, the duration should be extended based on symptom onset date.

  - ❏ Staff testing positive for COVID-19:
    - ❏ Consult with your local health department and CDC guidance on management of COVID-19 positive staff. Staff who test positive for COVID-19 must remain in isolation until they meet the criteria for discontinuation of isolation. If an asymptomatic staff member becomes symptomatic, the duration should be extended based on symptom onset date.

    - ❏ Staff who have been exposed to COVID-19 should follow published guidance for [Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure](#).

- ❏ Reopening to admissions
  - ❏ [ALF recommendations for Reopening](#)
  - ❏ [VDH updated guidance for nursing homes](#)

Additional resources

[Frequently Asked Questions - COVID-19 in ALF](#)

[COVID-19 Vaccine information](#)

APPENDIX 1

Table 1: Reference table for testing criteria

Staff/Resident	Testing recommendations	Type of test
New positive staff or resident (rapid response initiated, facility considered hot spot)	Testing of all staff and residents every 3-7 days until no new positives are identified for at least 14 days from the initial positive test.	RT-PCR (or antigen test if PCR testing with rapid TAT is not available). When using an antigen test, refer to the CDC guidance and algorithm for results interpretation.
Symptomatic staff or resident	Perform test of symptomatic staff or resident - If the antigen test indicates positive no confirmatory test needed.	Antigen test if available and/or RT-PCR specimen if LTC does not have an antigen test or if the antigen test result is negative
Exposed Staff or Residents	Immediate testing of directly exposed* staff or residents when a new confirmed case is identified. Immediate results can identify other infected individuals, to isolate earlier and prevent further spread in the facility. As mentioned above, if a new COVID-19 case is diagnosed in a resident or staff member, everyone in the facility should be tested. If the antigen test is positive, no confirmatory test is needed. Close contacts who test negative must still complete 14 days of quarantine.^ If a person develops symptoms, obtain COVID-19 PCR test.	Antigen testing and RT-PCR
Asymptomatic Staff	Test all staff except previously positive in the past 3 months The frequency is according to the positivity rate of the locality where a facility is located	RT-PCR (or antigen test if PCR testing with rapid TAT is not available). When using an antigen test, refer to the CDC guidance and algorithm for results interpretation.
Asymptomatic Resident	No testing unless resident leaves facility regularly, OR in response to an outbreak, OR the resident had known close contact with someone other than a staff	RT-PCR (or antigen test if PCR testing with rapid TAT is not available). When using an antigen test, refer to the CDC guidance and algorithm for results interpretation.

*In close contact, within 6 feet, with someone with COVID-19 for 15 minutes or more in a 24 hour period.

^More information available here: https://www.vdh.virginia.gov/coronavirus/antigen-testing-recommendations/

https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html