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VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

## Tips and Best Practices for Reopening Communal Activities in Assisted Living Facilities

The Virginia Department of Health (VDH) recommends that long-term care facilities do not reopen until all residents and staff members receive a single baseline COVID-19 test. VDSS has compiled tips and best practices to assist in preventative strategies to reduce the spread of COVID-19. Each individual facility should make its decision based on an assessment of its own specific circumstances. This does not diminish the responsibility of assisted living facilities to safely provide care and services to residents and follow existing COVID-19 health and safety guidance.

### General Guidance

-  Allow communal activities only for COVID-19 negative and asymptomatic residents or residents meeting the criteria for [discontinuation of transmission-based precautions](#).
-  Offer alternative activities such as teleparticipation and other in-room programming to residents who are COVID-19 positive or symptomatic.
-  Schedule the same group of residents to attend activities together each day (cohorting) and the same staff members to conduct/assist with the activity.
-  Prohibit the use of shared recreational items.
-  Do not use recreational items that cannot be properly cleaned and sanitized.
-  Weather permitting, encourage outdoor activities while maintaining social distancing.
-  Prohibit off-site activities.
-  Stagger activity times with fewer residents per activity while maintaining six feet of separation between residents.
-  Staff members assisting residents with activities should wash their hands and change gloves between residents.
-  Residents should wear a face covering or face mask at all times unless medically contraindicated.
-  Staff should wear a face mask at all times.

### Activity Areas

-  Residents should complete proper hand hygiene before entering an activity area and immediately upon return to their room.
-  Consider activity area capacity for proper social distancing.
-  Implement steps to support physical distancing, such as repositioning furniture, mapping spacing on the floor with tape or other marking products, and providing other visual signals for residents.
-  Permit use of common areas such as lobbies for activities provided residents use appropriate physical distancing and continually wear a face mask or cloth face covering.
-  Limit use of additional activity areas such as on-site gyms, libraries, billiard rooms, etc. by appointment only and under direct staff supervision. Properly clean and sanitize these areas after use by each resident.
-  For smaller facilities that use dining areas as activity areas, remove all items used for meal service from the tables prior to residents entering for activity participation. Clean and disinfect furnishings and touch points using an EPA-registered agent immediately upon completion of the activity and prior to placing food service items back on the table.
-  Clearly mark tables not being used for residents as out of service.

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## Tips and Best Practices for Reopening Communal Activities in Assisted Living Facilities

### Activity Areas continued

 Stagger entrance and exit points to eliminate multiple residents and staff entering and exiting at the same time. If staggering is not possible, ensure all residents have exited prior to allowing more residents to enter.

 Properly sanitize all surfaces, touch points, and furniture with an EPA-registered agent after each use.

#### Additional Resources:

- [Activity Connection COVID-18 Care Package](#)
- [NCCAP Covid-19 Activity Director Resources](#)
- [Advancing States: Dealing with Adults in Isolation during COVID-19](#)
- [VDH Cleaning and Disinfection Tips for COVID-19](#)
- [CMS Nursing Home Reopening Recommendations \(5/18/2020\)](#)
- [VDH Nursing Home Guidance for Phased Reopening 6.18.2020.pdf](#)
- [VDH Nursing Home Reopening Guidance](#)

Contact your licensing inspector if additional guidance is needed.



VIRGINIA DEPARTMENT OF  
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## Tips and Best Practices for Transportation in Assisted Living Facilities

The Virginia Department of Health (VDH) recommends that long-term care facilities do not reopen until all residents and staff members receive a single baseline COVID-19 test. VDSS has compiled tips and best practices to reduce the spread of COVID-19. Each individual facility should make its decision based on an assessment of its own specific circumstances. This does not diminish the responsibility of assisted living facilities to safely provide care and services to residents and follow existing COVID-19 health and safety guidance.

### General Guidance

- 🚗 Restrict transportation to COVID-19 negative and asymptomatic residents or residents meeting the criteria for [discontinuation of transmission-based precautions](#), unless medically necessary.
- 🚗 When transporting a COVID-19 positive or symptomatic resident, wear appropriate PPE including a face mask, gloves, a gown if physical contact will occur, and protective eyewear if no physical barrier (i.e. plexiglass) is between the driver and the resident.
- 🚗 Continue to use telehealth to the extent possible.
- 🚗 Consider the vehicle capacity for proper physical distancing when transporting multiple residents.
- 🚗 Individuals that assist passengers in and out of vehicles, including assisting with seat belts, wheelchairs, or passenger belongings, must use an alcohol-based hand rub between assisting residents.
- 🚗 Wash hands properly prior to boarding the transportation vehicle and upon return to the facility.
- 🚗 Remind residents to avoid touching any surfaces that may have been touched by the driver or other passengers (i.e. windows, door handles, door frames, grab bars, etc.).
- 🚗 Provide alcohol-based hand rub for residents to use immediately after using grab bars, door handles, etc. for stability upon entering and exiting the vehicle.
- 🚗 All transportation drivers should wear a face covering or face mask at all times.
- 🚗 All residents must wear a face covering or face mask at all times unless medically contraindicated.

### Medically Necessary Transportation

- 🚗 Continue to avoid transportation of residents unless medically necessary.
- 🚗 Residents that frequently attend medically necessary appointments (i.e. dialysis) should stay in a private room, if feasible. If a private room is not feasible, use accommodations for physical barriers such as curtains to separate roommates.

### Facility Transportation Services

- 🚗 Clean and sanitize the interior of vehicles with an EPA-registered agent prior to and immediately after transportation.
- 🚗 Avoid transporting multiple residents at one time.
- 🚗 Implement steps to support physical distancing, such marking off seats with tape or other marking products, and providing other visual signals for residents if multiple residents must be transported.
- 🚗 If multiple residents must be transported at the same time, maintain a log of residents transported, date of travel, and name of driver in case contact tracing is required at a later date.

### External Transportation Services

- 🚗 Ensure through the transportation vendor that the driver is being screened and monitored for symptoms on a daily basis.
- 🚗 The facility should share with the driver if he or she is transporting a COVID-19 positive or symptomatic resident.

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## Tips and Best Practices for Transportation in Assisted Living Facilities

### External Transportation Services cont.

- 🚗 The facility should obtain the transportation vendor's protocols regarding infection control for cleaning and sanitizing the vehicle prior to and immediately after transportation services.
- 🚗 Touch points should be cleaned and disinfected using an EPA-registered agent immediately upon completion of the transportation.
- 🚗 Maintain a log of residents using external transportation services, including resident name, date of travel, transportation vendor used, and name of driver in case contact tracing is required at a later date.

#### Additional Resources:

- [Protect Yourself When Using Transportation](#)
- [Cleaning and Disinfection for Non-emergency Transport Vehicles](#)
- [Preventing COVID-19 Spread During Patient Transport](#)
- [VDH Nursing Home Reopening Guidance](#)
- [Nursing Home Reopening Guidance FAQs](#)
- [VDH Cleaning and Disinfection Tips for COVID-19](#)
- [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#)
- [CMS Nursing Home Reopening Recommendations \(5/18/2020\)](#)

Contact your licensing inspector if additional guidance is needed.

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES**  
**DIVISION OF LICENSING PROGRAMS**  
**COVID-19 Mitigation Plans for Assisted Living Facilities**  
**July 22, 2020**

Assisted living facilities (ALFs) should have an operational plan in place to reduce the spread of COVID-19. The plan should incorporate guidance from public health sources into the facility's policies and procedures, and should be re-evaluated frequently based on each facility's COVID-19 status. Providers can adapt guidance aimed specifically at nursing home facilities, as applicable. The Virginia Department of Health (VDH) and the Centers for Disease Control and Prevention (CDC) provide the most up-to-date public health information, including:

[Virginia COVID-19 Long-Term Care Facility Task Force Playbook](#)

[VDH Nursing Home Reopening Guidance](#)

[VDH Guidance for LTCFs](#)

[VDH Role of Public Health and LTCFs in Preparedness and Response Efforts](#)

[CDC Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)

Mitigation as used in this document is the action of reducing the severity or seriousness of something, in this case the spread of COVID-19. VDSS recommends that any plan for mitigating the impact of COVID-19 address the following components:

#### **TESTING/SCREENING**

1. Describe the facility's ability to obtain a single baseline test for all residents and staff who wish to be tested and:
  - a. The facility's plan for providing additional testing for residents or staff when a resident or a staff member becomes symptomatic or receives a positive test
  - b. How to proceed in cases where a resident cannot be tested due to physical decline or decreased cognitive function or where a resident or staff member refuses to be tested

VDH is currently offering point prevalence surveys for ALFs and can provide additional information on recommendations, planning, and actions to take based on results. ALFs are encouraged to partner with the local health department when developing a mitigation plan.

2. Describe how the facility will screen staff, residents, and visitors. Screening comply with CDC and VDH recommendations, which include screening:
  - a. All visitors entering the facility
  - b. All staff at the beginning of their shift. Staff should have their temperature checked, wear a cloth face covering or facemask, and answer questions about symptoms and potential exposure
  - c. All residents daily

## **INFECTION PREVENTION AND CONTROL**

1. Update the existing infection control plan addressing surveillance, prevention, and control of disease and infection consistent with CDC guidelines (22VAC40-73-100-A) to include sanitizing medical equipment used for screening residents, staff, and visitors (i.e., thermometers, pulse oximeters, etc.).
2. Update the staff health program required by 22VAC40-73-100-D.2 to include COVID-19. See [Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 \(Interim Guidance\)](#) for additional guidance.
3. Designate a person to monitor CDC, Center for Medicare and Medicaid Services (CMS), and VDH guidance and recommend updates to the infection control plan.
4. As a result of COVID-19, facility protocols should include:
  - a. Use of face coverings or a face masks for staff, and as appropriate for residents and visitors
  - b. Social distancing practices
  - c. Proper hand washing or use of hand sanitizer
  - d. Cleaning and disinfection to reduce spread of COVID-19. See [VDH Guidelines for Cleaning and Disinfection](#) for additional guidance.

## **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

1. Describe the facility plan for use of face covering/masks with exceptions for anyone who has trouble breathing, is unconscious, incapacitated, or unable to remove the mask without assistance or other reasons.
2. Address proper PPE use by staff and healthcare personnel. Proper use of PPE should include the purpose of each type, when to use different types of PPE, proper donning and doffing of PPE, and proper disposal (22VAC40-73-100-C-1.b). VDH has information on optimizing the use of PPE on their website: [VDH Optimization Strategies for PPE](#).
3. Ensure an adequate supply of PPE on-site, including the types of PPE to be maintained and duration the supply is anticipated to last.
4. Develop a contingency plan for maintaining PPE supplies.
5. If staff need N95 respirator masks due to COVID-19 positive residents, fit-testing for respirator use must be conducted. Designate a person already trained to ensure N95 fit-testing for staff members required to wear N95 masks.

## **STAFFING**

The facility plan should address staff vacancies and shortages, including obtaining additional staff through outside resources. In addition, it is recommended the plan include expedited

training for new hires or other staff used for coverage, and sick leave policies adopted as a result of COVID-19.

## **COHORTING & DESIGNATION OF SPACE**

Cohorting refers to grouping individuals with the same condition in the same location. A facility needs to consider whether there is vacant space available for grouping individuals, including how residents' belongings will be moved or stored to reorganize the use of space.

1. Any plan to cohort residents with COVID-19 should ensure that positive and negative residents do not share the same common areas, bathrooms, or equipment.
2. Smaller facilities with limited space should develop additional cleaning and disinfecting protocols for any bathrooms or equipment that must be shared by positive and negative residents.
3. Consider assigning designated staffing to residents who are symptomatic or known COVID-19 cases.
4. The plan should address decision making around new admissions and readmission of residents when COVID -19 status of the person is not known. See [Virginia Guidance on Hospital Transfer and Admission of Patients to Long-term Care](#).

If the facility is not cohorting the plan should address:

1. How the facility will use temporary physical barriers, screens, or curtains that separate residents by at least six feet;
2. Additional cleaning and disinfecting protocols for any bathrooms or equipment that must be shared; and
3. How known positive and negative residents will be separated while in the same facility.

## **COMMUNICATION**

Keep staff, residents and families informed:

1. Develop a method to communicate with residents, staff, family members, and visitors (including contracted healthcare providers and volunteers) regarding the status of COVID-19 within the facility. This includes sharing information on the number of confirmed and pending positive cases in staff and residents.

Provide ongoing information on updated policies and procedures, including best practices. Share this information with staff, contracted healthcare providers, and volunteers as appropriate.



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## Tips and Best Practices for Reopening Barber and Cosmetology Services in Assisted Living Facilities

The Virginia Department of Health (VDH) recommends that long-term care facilities do not reopen until all residents and staff members receive a single baseline COVID-19 test. VDSS has compiled tips and best practices for preventative strategies to reduce the spread of COVID-19. Each individual facility should make its decision based on an assessment of its own specific circumstances. This does not diminish the responsibility of assisted living facilities to safely provide care and services to residents and follow existing COVID-19 health and safety guidance.

### General Guidance

- ✂ Salon services should be restricted to COVID-19 negative and asymptomatic residents or residents meeting the criteria for [discontinuation of transmission-based precautions](#).
- ✂ Prohibit outside clients from using beauty and barber services in the facility.
- ✂ Discontinue manicure, pedicure, and waxing services. Routine nail clipping permitted. Sanitize clippers with an EPA-registered cleaning agent after each use.
- ✂ Avoid using hand-held dryers and sponge roller sets.
- ✂ If the facility is experiencing an outbreak, barber and cosmetology services should be suspended until there are no residents with transmission-based precautions.
- ✂ Non-essential personnel/contractors should not enter the salon if any resident is present. Clean and sanitize the salon prior to residents entering after non-essential personnel/contractors have left.
- ✂ Residents should wear a face covering or face mask at all times during their appointment, unless medically contraindicated.

### Barber/Beautician

- ✂ Upon entering the building, the barber/cosmetologist should be actively screened for fever and symptoms of COVID-19 in the same manner as all health care workers, staff, and visitors to include:
  - Temperature checks
  - Questionnaire about symptoms and potential exposure
  - Observation of any signs and symptoms
- ✂ The cosmetologist or barber should remain in the salon area and avoid common areas of the facility.

### Barber/Beautician continued

- ✂ The cosmetologist or barber should not transport residents within the building to and from resident rooms.
- ✂ Salon staff should wear a face mask at all times.

### Salon

- ✂ Provide hand sanitizer at the barbershop/salon entrance and at any station being used by a resident, barber, or cosmetologist.
- ✂ Remove commonly touched non-essential items such as magazines, self-serve coffee, candy jars, etc.
- ✂ Place salon stations, including salon chairs for resident use, at least six-feet apart.
- ✂ Place covered trash cans near barber or cosmetology stations
- ✂ When possible use disposable towels, capes, and linens:
  - Store clean towels, capes, and linens in a closed, covered container prior to use.
  - Clean and disinfect or discard non-porous capes (e.g., plastic, vinyl) after a single use.
  - Store all reusable towels, capes, linens and other porous fabric in a closed container after use and laundered and/or sanitized after a single use.

### Salon Visits

- ✂ Barber/cosmetology services should be by appointment only.
- ✂ Stagger appointments to minimize the number of individuals waiting and allow time to disinfect workstations and grooming tools between clients.



## Tips and Best Practices for Reopening Barber and Cosmetology Services in Assisted Living Facilities

### Salon Visits cont.

- ✂ Limit the number of residents in the salon to two residents at one time with six feet between salon stations.
- ✂ No more than two residents should be waiting and they should follow social distancing requirements.
- ✂ No resident in the waiting area should enter until all furniture, salon equipment, service area surfaces, including high-touch points, have been properly cleaned and sanitized between residents using EPA-registered disinfectant. Refer to [Disinfectant Reminders for Shops, Salons, and Spas](#) for additional information.
- ✂ Barbers and cosmetologists should perform hand hygiene, at a minimum, before and after contact with the resident.
- ✂ Residents should perform hand hygiene before and after receiving services.

### Additional Resources:

- [Board for Barbers and Cosmetology](#)
- [PS Salon and Spa ACCORD Plan for Reopening](#)
- [VDH Nursing Home Reopening Guidance](#)
- [VDH Cleaning and Disinfection Tips for COVID-19](#)
- [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#)
- [CMS Nursing Home Reopening Recommendations \(5/18/2020\)](#)

Contact your licensing inspector if additional guidance is needed.



VIRGINIA DEPARTMENT OF  
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## Tips and Best Practices for Reopening Communal Dining in Assisted Living Facilities

The Virginia Department of Health (VDH) recommends that long-term care facilities do not reopen until all residents and staff members receive a single baseline COVID-19 test. VDSS has compiled tips and best practices to reduce the spread of COVID-19. Each individual facility should make its decision based on an assessment of its own specific circumstances. This does not diminish the responsibility of assisted living facilities to safely provide care and services to residents and follow existing COVID-19 health and safety guidance.

### General Guidance

-  Restrict communal dining to COVID-19 negative and asymptomatic residents or residents meeting the criteria for [discontinuation of transmission-based precautions](#).
-  Offer residents alternative dining opportunities, such as eating in their rooms or another designated area in the facility, if they are COVID-19 positive or symptomatic, have been exposed to the virus, or are uncomfortable with communal dining.
-  Quarantine residents exposed to the virus in their rooms for up to 14 days.
-  Residents who require supervision while eating should never be left unattended during meal times regardless of where meals are served.
-  Prohibit visitors from eating in the dining room with residents.
-  Prohibit use of buffets and self-serving beverage stations.
-  Stagger mealtimes with fewer residents per meal if dining space does not allow six feet of separation between residents.
-  Consider using rolled silverware and eliminating table presets. Use proper infection control protocols prior to rolling silverware and setting tables.
-  Residents should wear a face covering or face mask at all times except while eating.

### Dining Room

-  Clearly mark tables not being used for residents as out of service.
-  Staff members should wear a face mask and gloves at all times.
-  Stagger entrance and exit points to eliminate multiple residents and staff entering and exiting at the same time. If staggering is not possible, ensure all residents have exited prior to allowing more residents to enter.

### Dining Service

-  Use staff-facilitated seating and seat the same residents together for each meal, which will assist in tracking residents potentially exposed.
-  Assign staff to the same tables each meal.
-  Use single-use disposable items as frequently as possible (i.e. menus, single-use condiment packets).
-  Consider removing reusable condiments. A designated staff member can assist residents with condiments.
-  Clean reusable condiment containers with EPA-registered cleaning agents prior to each meal service and prior to residents entering dining areas.
-  A dedicated staff assigned to specific residents should remove all items from the table when residents leave the dining area and ensure all surfaces, including chairs and touch points, are properly sanitized with EPA-registered cleaning agents.
-  Staff members assisting residents with eating should wash their hands and change gloves between residents.

### Additional Resources:

- [Communities, Schools, Workplaces, and Events](#)
- [VDH Nursing Home Reopening Guidance FAQs](#)
- [CMS Nursing Home Reopening Recommendations \(5/18/2020\)](#)
- [VDH Cleaning and Disinfection Tips for COVID-19](#)
- [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#)

Contact your licensing inspector if additional guidance is needed.



VIRGINIA DEPARTMENT OF  
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## Tips and Best Practices for Reopening to Visitors in Assisted Living Facilities

The Virginia Department of Health (VDH) recommends that long-term care facilities do not reopen until all residents and staff members receive a single baseline COVID-19 test. VDSS has compiled tips and best practices to reduce the spread of COVID-19. Each individual facility should make its decision based on an assessment of its own specific circumstances. This does not diminish the responsibility of assisted living facilities to safely provide care and services to residents and follow existing COVID-19 health and safety guidance.

### General Guidance

-  Allow visitors only to COVID-19 negative and asymptomatic residents or residents meeting the criteria for [discontinuation of transmission-based precautions](#).
-  Post signage at entrances and throughout facility that:
  -  Provides information about current visitation policies or restrictions;
  -  Reminds visitors, including contract service providers, and personnel not to enter the building if they have fever or symptoms consistent with COVID-19.
-  Designate one central point of entry to the facility to facilitate screening.
-  Designate a specific route to and from the visiting area.
-  Screen all visitors, including contracted vendors, upon entry to the facility. Do not permit any individual exhibiting symptoms to enter.
-  Residents should sanitize hands prior to entering and exiting the visiting area.
-  Sanitation stations with an alcohol-based hand rub should be accessible to visitors for use prior to entering the visiting area.
-  All visitors must wear a face covering or face mask at all times. If a visitor does not have a face covering or face mask, the facility should provide one for the visit to proceed.
-  All residents must wear a face covering or face mask at all times unless medically contraindicated.
-  Maintain a log of all visits to include visitor's name, contact information, and start/end time of visit in case contact tracing is required.

### Visitors - Family Members

-  Designate an area for visiting closest to the entrance of the facility when possible. Restrict movement of family member within the facility.
-  Consider the visitor area capacity for proper physical distancing.
-  Implement accommodations for physical barriers such as curtains for bedbound residents with roommates and smaller facilities that may not have a separate room for visitors.
-  Implement steps to support physical distancing, such as repositioning furniture, mapping spacing on the floor with tape or other marking products, and providing other visual signals for residents.
-  Limit the number of family members permitted to visit each resident at one time.
-  Children may visit as long as they are not permitted to move freely throughout the facility or designated visiting area and can wear a mask for the duration of the visit. Children under two years old are not required to wear a face covering or mask.
-  Schedule and stagger visits to avoid overlap of visitors arriving and departing the facility at one time.
-  Limit duration of each visit to reduce the potential for exposure.
-  Maintain an appropriate staffing pattern to provide oversight of visitors and to ensure sufficient cleaning and sanitizing after each visit.
-  Weather permitting, encourage outdoor visits while maintaining social distancing.



## Tips and Best Practices for Reopening to Visitors in Assisted Living Facilities

### Visitors - Family Members continued

- 👤 Visiting in a resident room is permitted for bedbound residents. Properly sanitize all surfaces, touch points, and furniture with an EPA-registered agent after each visit.
- 👤 Smaller facilities using dining areas as visitor areas should remove all items used for meal service from tables prior to residents/visitors entering the dining area.
- 👤 Tables not being used for visits should be clearly marked out of service.
- 👤 Clean and disinfect furnishings and touch points using an EPA-registered agent immediately upon completion of visits and prior to placing food service items back on the table.

### Visitors - Personal Services

- 👤 Telehealth services continue to be strongly encouraged when possible.
- 👤 Allow a limited number of healthcare personnel at one time (i.e. therapies, dentistry and podiatry) as determined necessary by the facility.
- 👤 Allow podiatry services only if medically necessary.
- 👤 When healthcare services must be performed outside a resident room (i.e. physical therapy), use a designated private area.
- 👤 Properly sanitize all surfaces, touch points, and furniture with an EPA-registered agent after each visit.
- 👤 Pet therapy is permitted for COVID-19 negative and asymptomatic residents or residents meeting the criteria for [discontinuation of transmission-based precautions](#).
- 👤 Hold pet therapy in a designated area and do not permit the pet and handler to walk freely throughout the facility.

#### Additional Resources:

- [Nursing Home Reopening Guidance FAQs](#)
- [VDH Nursing Home Reopening Guidance](#)
- [Advancing States: Dealing with Adults in Isolation during COVID-19](#)
- [VDH Cleaning and Disinfection Tips for COVID-19](#)
- [CMS Nursing Home Reopening Recommendations \(5/18/2020\)](#)
- [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)

Contact your licensing inspector if additional guidance is needed.