

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.