



The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, 5th Floor
Boston, Massachusetts 02108

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary, Executive Office of Health
and Human Services

ELIZABETH C. CHEN, PhD, MBA, MPH
Secretary

Tel: (617) 727-7750
Fax: (617) 727-9368
TTY/TTD: 1-800-872-0166
www.mass.gov/elders

TO: Assisted Living Residence Executive Directors

FROM: Elizabeth C. Chen, Secretary

SUBJECT: Amended Assisted Living Residence Operators Guidance and Policies and Procedures to Protect Residents, Facilities, and Services during the COVID-19 Outbreak

DATE: March 16, 2020

Pursuant to an Order issued by the Commissioner of Public Health on March 15, 2020 (attached), EOEAA is revoking its Prior Guidance (issued on March 12, 2020) and issuing this amended guidance which shall remain in effect until further notice. Changes from the prior guidance are shown in red.

Resident Visitors Policies and Procedures:

Assisted Living Residences (ALRs) are required to restrict visitation of **all** visitors, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to the resident's unit or a specific room as arranged by the ALR. ALRs are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).

Decisions about visitation during an end of life situation should be made on a case by case basis, which must include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) **must not be permitted to enter the ALR at any time** (even in end-of-life situations). Visitors that are permitted to enter in compassionate situations

must wear a facemask while in the ALR. They should also be reminded to perform frequent hand hygiene.

Staff Policies and Procedures:

- If staff are feeling unwell or otherwise displaying illness symptoms, they should stay home.
- Screen all staff at the beginning of their shift for fever and respiratory symptoms.
- Staff, who work in multiple locations may pose higher risk and should be asked about exposure to locations with recognized COVID-19 cases.

If a resident develops new symptoms: Fever, Cough, Shortness of breath:

- Wellness Nurse should seek permission from Resident or legal representative to call the person's health care provider for guidance and coordination.
- If residents are symptomatic, have them put on facemasks and self-isolate in their units.

Environment:

- Residents with known or suspected COVID-19 should be cared for in a single-person unit with the door closed.
- Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

Please review the complete CDC guidance that may be found here:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

Ombudsman Program:

Residents have the right to access the Ombudsman program. ALRs must facilitate resident communication (by phone or another format) with the Ombudsman program.

Prevention Strategies Inside the Assisted Living Facility:

- Regularly wash your hands [with soap and water](#) for 20 seconds or use alcohol-based hand sanitizer. (See [Clean Hands Count for Healthcare Providers](#).)
- Do not touch your face with hands or provide assistance to Residents until your hands have been washed or sanitized.
- Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and then wash hands or use hand sanitizer. (See [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)

- Frequently clean and disinfect surfaces high touch surfaces like door knobs and counters using an [EPA-registered disinfectant](#)

Dining Rooms/Cafes

ALRs must cease communal dining and deliver meals to individual resident apartments. Consider leveraging these deliveries as opportunities to check in on each resident and monitor for any changes in status.

Activities and Virtual Visits:

ALRs must eliminate group activities. In lieu of visits and activities, residences should consider offering alternative means of visits and activities using video technology.

Communicate with staff, residents, and visitors:

Every individual has a personal responsibility to minimize risk of spreading illness. Share information with residents and families about the measures you are taking to protect your residents from COVID-19. Consider increasing the cadence of communications with residents and families to reduce anxiety.

Stay Current:

Assign one person at each facility to monitor public health updates from:

- Your Local Public Health Department
- The Massachusetts Department of Public Health
- The Centers of Disease Control and Prevention Situation

Plan Ahead:

Develop a plan for:

1. Transporting residents (or staff while at work) with symptoms to and from medical facilities for testing.
2. Resident isolation if a resident develops COVID-19 and needs to be isolated and cared for “at home.” Inform and coordinate plan with local public health.
3. Use of personal protective equipment for caring for residents with symptoms of respiratory infection. Inform and coordinate plan with local public health.
4. A liberal employee sick leave policy that is not a disincentive for remaining home if sick.
5. Plan for alternate staffing patterns such as longer shifts, if needed due to staff illness.

Inventory and maintain essential items including, but not limited to, disinfectant cleaning supplies, hand sanitizer, rubber gloves, face masks, disposable plates and cutlery, facial tissue and toilet paper, and personal protective equipment.

Additional Background:

COVID-19 Basics:

What is it?

- COVID-19 is an infectious disease caused by a new type of coronavirus that hasn't been identified before. The virus that causes COVID-19 is not the same as other coronaviruses that commonly cause mild respiratory tract infections in humans, like the common cold.

How does it spread?

- According to the CDC, the virus is thought to be spread mainly between people who are in close contact with one another (within 6 feet) by respiratory droplets produced when someone who has the virus coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Who is at higher risk of getting sick?

- Those considered "high risk" include people over the age of 60, anyone with underlying health conditions or a weakened immune system and pregnant women.

For questions about this memorandum please email both ALRHelp@MassMail.State.MA.US and Patricia.Marchetti@MassMail.State.MA.US

For information about COVID-19 visit the DPH website at mass.gov/2019coronavirus.

If you have specific questions related to an exposure to COVID-19 call 2-1-1 or your local health department.

History of Other Orders and Guidance Associated with Visitors and Employees at Assisted Living Residences:

March 10, 2020: Governor Baker declared a state of emergency to support the Commonwealth's response during the outbreak of Coronavirus (COVID-19).

March 12, 2020: EOEI issued Guidance and Policies and Procedures to Protect Residents, Facilities, and Services during the COVID-19 Outbreak.