

Adult Foster Home Provider Alert

Policy updates, rule clarifications and announcements

Date: August 5th, 2021
To: APD Adult Foster Home Providers
From: Safety, Oversight and Quality Unit
Topic: **COVID-19 Mask Mandate Reinstated (Revised 8/5/21)**

This urgent mask mandate reinstatement notice was originally sent out 8/4/2021, the notice was revised on 8/5/2021 to clarify the directive's guidance.

Be advised that **effective August 6, 2021** Oregon's mask mandate for all Adult Foster Home (AFH) settings will be reinstated to prevent the spread of COVID-19. Since the emergence of the Delta variant of the novel coronavirus, Oregon's COVID-19 infection rate has been steadily increasing and the Delta variant accounts for 88% of new infections, according to Oregon Health and Science University (OHSU).

Due to the significant increase in the spread of COVID-19 masks will once again be required for individuals working in or visiting an AFH. **As per previous guidance, those individuals living in the AFH are exempt from the mask requirement.**

Additionally, the following guidelines still apply for all adult foster home providers:

- Visitor logs are to be maintained and recorded for all of those visiting the AFH.
 - Screening of all AFH visitors to include if visitors have travelled internationally within the last 14 days, if they have any signs or symptoms of COVID-19 or if they have been in close contact with anyone that is suspected or confirmed as having COVID-19. (example screening sheet attached)
 - If there is suspected or confirmed COVID-19 in an AFH the licensee is to notify their licensor and the AFH team in Salem immediately.
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- Notifications can be sent to APD.AFHTeam@dhsoha.state.or.us
- Strict infection control procedures are to be followed. This includes hand washing, the use of alcohol-based hand sanitizer, and disinfecting surfaces regularly.

If you have any questions, please contact: APD.AFHTeam@dhsoha.state.or.us

Facility name: _____ Date/Time: _____

Screener name: _____ Visitor name: _____ Visitor phone #: _____

Resident name: _____

COVID-19 Screening Assessment

	(circle)	<u>Concerns/Comments</u>
Does the screener observe any signs or symptoms of a respiratory infection, such as a fever, cough, shortness of breath?	Yes No	_____ _____ _____ _____ _____ _____ _____ _____
Does the visitor indicate any potential signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath?	Yes No	_____ _____ _____ _____ _____ _____ _____ _____
In the last 14 days, has the visitor had contact with someone with a confirmed diagnosis of COVID-19 or under investigation for COVID-19?	Yes No	_____ _____ _____ _____ _____ _____ _____ _____
Has the visitor traveled to any locations with current COVID-19 transmissions within the last 14 days?	Yes No	_____ _____ _____ _____ _____ _____ _____ _____