



Oregon

Kate Brown, Governor

Department of Human Services

Safety, Oversight and Quality

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CBC- 21-002 (b)- Provider Alert

Date: June 30, 2021

To: All Assisted Living Facilities
All Residential Care Facilities

From: Jack Honey, Administrator
Safety, Oversight and Quality Unit (SOQ)
Office of Aging and People with Disabilities

Subject: **No change to COVID-19 Guidelines for Community Based Care Facilities**



On June 25, Governor Kate Brown signed Executive Order 21-15 to eliminate Oregon's County Risk Level framework and most remaining COVID-19 health and safety restrictions starting today, June 30, 2021. Please note, Executive Order 21-15 does not change the infection control requirements that need to remain in place for CBC facilities.

CBC facilities must continue to follow current guidance as sent previously. We are resending the guidance and links to the previous alerts in this notice.

Additional Clarification Regarding March 26, 2021 Provider Alert Updated COVID-19 Policy Guidance

Background: The March 26, 2021 provider alert regarding visitation, congregate dining and other post-vaccination clinic actions raised some questions that we will answer in this alert. These questions are by no means inclusive of every scenario that may present itself. We will continue to respond to those as they arise, and issue revisions to this document if needed. Please continue to contact your assigned Policy Analyst with questions.

Visitation

1. *With the new guidelines, can we still require visits to be scheduled?*

Visitation may be *scheduled* only for the purpose of maintaining core principles of infection control e.g. social distancing within the building and/or visitation areas.

All visits must be accommodated within a reasonable timeframe, if not granted immediately. Understanding that the starting assumption is that all visitation must be allowed, use your best judgement in determining whether any restrictions are necessary. For example, visitation may be scheduled during particularly busy times when social distancing cannot be achieved in your building.

Visitation needs to include variable days and times so that everyone can visit. Once the visitor has been screened upon entry and they are following proper infection control protocols, they do not need to be monitored in the resident room. Visitation may not be limited due to a lack of staff for monitoring.

2. *Can facilities limit the number of visitors per resident at any time given space restrictions?*

There is no limit to the number of visitors per resident as long as the core principles of COVID-19 infection prevention are being maintained.

3. *Can facilities limit the total number of visitors at any one time in the community?*

Facilities cannot limit the total number of visitors at any one time when core principles of infection control can be maintained.

4. *Is the six-foot minimum social distance required when visiting a resident?*

If a resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor. Resident and visitor should wear a well-fitting face mask and perform hand-hygiene before and after visiting. Visitors should physically distance from other residents and staff while in the facility.

5. *The indoor visitation section of the March 26 guidance did not indicate it is necessary to deny entry of individuals after screening them and determining they have been in close contact with someone with COVID-19 in the prior 14 days; should this remain part of our screening criteria?*

This should remain part of the screening criteria as it is required that individuals with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days, regardless of the visitor's vaccination status be denied entry.

6. Regarding community outings, is quarantine necessary following a high-risk outing with potential COVID-19 exposure?

Residents may **not** be quarantined following community outings if they are fully vaccinated **and** have not had prolonged close contact with someone with COVID-19 infection. Prolonged close contact is defined by CDC as being within 6 feet of someone who has COVID-19 for a total of 15 minutes or more. Additionally, core principles of COVID-19 infection prevention must be maintained.

7. The current guidance states indoor visitation shall always be accommodated for all residents. I'm wondering if this means we should allow resident visitation 24 hours a day, seven days a week for unlimited amounts of time?

Visitation must always be allowed, just as in non-pandemic times, when core principles of infection control are maintained.

8. Does current guidance replace previous guidance limiting the number of residents with visitors to five residents or 20% or residents at any given time??

The current guidance replaces previous guidance limiting the number or percentage of residents allowed visitors. Current guidance does not limit the number or percentage of resident visitors allowed if core principles of COVID-19 infection prevention are maintained.

9. Are children allowed? Originally it was limited and now it's not clear either way.

Minors must be in the supervision of adults and all visitors regardless of age must be able to follow core principles of COVID-19 infection prevention.

10. What about babies? Can we refuse them?

Visitation with infants or children under age two should be discouraged, after families or guardians are advised and understand the risks, **except** with compassionate care visitation.

11. Can visitors who are in close contact with a resident in their room or apartment eat in the dining room with them?

If the resident and the visitor are fully vaccinated and COVID-19 principles of infection prevention are maintained, visitors may share a meal in the dining area with their loved one if it does not interfere with the safety of other residents dining.

Congregate dining may resume fourteen (14) days after completion of the facility's second, or final, vaccine or until at least one round of facility-wide outbreak testing is completed and results are received. Core Principles of COVID-19 infection control must be maintained for example by:

- Limiting the number of available tables in the dining room.
- Staggering dining times; and
- Limiting participation in congregate dining to asymptomatic individuals.

12. If we have an Executive Order (EO) on the building, can vaccinated residents go out on a socially distanced outing?

A resident's right to leave the facility is always been advocated, however it is important residents remain vigilant and maintain COVID-19 infection prevention core principles while in the community.

13. Can we have pet visits?

Pets are allowed in accordance with general facility policy if the pet is on a leash and the handler wears a mask and follows other core principles of infection prevention and as long as pets do not violate an existing residency agreement.

14. Regardless of COVID-19 vaccination status can residents without roommates have in room visits except for circumstances where there is a greater than 10% county positivity rate or less than 70% of the facility residents are fully vaccinated?

Residents without roommates can have visitors in their room except in facilities located where there is a greater than 10% county positivity rate and less than 70% of the facility residents are fully vaccinated.

15. Are volunteers, allowed into facilities now? They may be there to help or provide an activity, such as musicians, artists, pet therapy, etc. If vaccinated and appropriately screened, should they be treated like a visitor?

Volunteers and entertainers can enter the facility the same as other people entering the facility while maintaining core principles of COVID-19 infection prevention, including maintaining socially distanced activities.

16. *Per the guidelines, county positivity rates no longer effect indoor visits, correct? Indoor visits can occur for all residents regardless of the county's positivity rate unless a resident hasn't been vaccinated and is living in a facility where the positivity rate is greater than 10 percent?*

Facilities may limit indoor visitation under the following circumstances only:

- An Executive Order (EO) restricting visitation is in effect and the facility has not yet completed one round of outbreak testing with no new positives indicated.
- Resident to be visited has not had a COVID-19 vaccine **and**
- The facility is in a county where OHA has determined there's a COVID-19 positivity rate of >10% **and** <70% of residents in the facility are fully vaccinated.

17. *Are food and beverage still off limits like with previous guidance?*

Bringing food and beverage to residents is no longer restricted.

18. Are facilities allowed to have tours from prospective residents?

You may resume tours as long as core principles of COVID-19 prevention are maintained as noted in the March 26, 2021 Provider Alert, and restated below:

- Screening of all individuals who enter the facility for signs and symptoms of COVID-19 (e.g. temperature checks, questions about and observations of signs or symptoms.)
- Denial of entry of individuals with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).
- Hand hygiene (use of alcohol-based hand rub is preferred).
- Social distancing of at least six feet between persons.
- Universal use of face coverings or masks (covering mouth and nose).
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g. use of face coverings/masks, specified entries, exits and routes to designated areas, hand hygiene).
- Cleaning and disinfecting frequently touched surfaces in the facility often, and designated visitation areas after each visit.
- Strict compliance for use of personal protective equipment by staff.

- Effective cohorting of residents and staff if needed (e.g. separate areas dedicated to COVID-19 care).

Individuals arriving for tours must be fully screened before entering the building. Facilities must make every attempt to limit potential exposure during tours. Some suggestions for accomplishing this include:

- Limiting number of individuals per tour group
- Setting up a designated model room that demonstrates key features
- Excluding dining room during mealtime and other common areas during peak time

Testing

1. *With regards to testing, will vaccinations effect resident testing? The provider alert mentioned staff, but not residents.*

Residents who are not fully vaccinated, **are not** required to be tested, unless the facility is conducting outbreak testing under an Executive Order.

2. *Are we following the county positivity rate for testing requirements?*

All unvaccinated staff must undergo routine testing no less than one time per month, regardless of county rates.

3. *If a facility inadvertently re-tests a staff person who tested positive in the previous 90 days, but public health wants to consider it a new outbreak, are we going to receive an EO?*

In these circumstances a staff who tests COVID-19 positive may not result in an Executive Order. Local Public Health Authority has different parameters than the parameters relevant to an Executive Order. It will be important that you communicate to your SOQ Policy Analyst with all of the details in this situation so a determination can be made about the appropriateness of an EO.

4. *Are there separate guidelines regarding COVID-19 outbreak testing?*

When a confirmed case of COVID-19 is determined during outbreak testing, providers must continue to test **all** residents and staff, **regardless** of an individual's vaccination status. Visitation restriction will remain with a new EO until at least one round of outbreak testing has been conducted, with no new positives indicated.

5. Does the March 26, 2021 ODHS provider alert regarding post vaccination testing policies replace the January 8, 2021 provider alert guidance indicating testing should be conducted according to Oregon county risk levels in all situations, regardless of county risk level?

In accordance with the provider alert issued March 26, 2021, routine surveillance testing of staff is no longer required, beginning fourteen (14) days after the second vaccination cycle is completed. However, this applies only to **fully vaccinated staff**. Monthly surveillance testing of staff who **are not** fully vaccinated is still required.

Executive Orders

1. The March 26, 2021 provider alert indicated SOQ would evaluate individual facility situations to determine what specific requirements and/or limitations may be included on a facility's EO. It that SOQ's current practice for determining EO requirements?

The Department issues Executive Orders (EO) to facilities with suspected or confirmed COVID-19 cases of resident or staff. EO requirements or limitations are placed on a facility when there is a confirmed, or suspected COVID-19 case, and are applied to minimize risk of additional infection. Requirements, or limitations, may include modified visitation, admissions, and other infection prevention enhancements. Each individual situation will be evaluated for risk and appropriate practice modifications to keep residents safe while minimizing disruption to residents.

Link to Previous Alert:

[June 17th Alert: Eye protection](#)

[March 26th Alert, Covid Guidance](#)

If you have questions, please contact your licensing team:

Residential Care and Assisted Living Facilities: CBC.team@dhsosha.state.or.us

General questions may be sent to: SOQ.LTCInfo@dhsosha.state.or.us

Oregon Department of Human Services website: www.oregon.gov/DHS/