



# Oregon

Kate Brown, Governor

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## **CBC-21-001 -Provider Alert**

Date: March 26, 2021

To: All Assisted Living Facilities  
All Residential Care Facilities

From: Jack Honey, Administrator  
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## **RE: Updated COVID-19 policy guidance**

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### **Background**

Tens of thousands of vaccinations have been administered to long term care (LTC) staff and residents in Oregon. These vaccines have been shown to help prevent symptomatic SARS-CoV-2 infection (i.e., COVID-19) and, in turn, decrease case counts in LTC settings. Therefore, the Oregon Department of Human Services (ODHS) is updating its visitation guidance and other COVID-19 policies accordingly.

All of the policy changes are intended to be measured as we move to bring our CBC communities back to “normal”. The importance of maintaining infection prevention practices, given the continued risk of COVID-19 transmission and variants, must still be top of mind each day. These policies will likely change again as we continue to learn more from our federal and state partners on vaccinations and other COVID related practice in a world with vaccines.

This alert provides updated guidance and reminders on COVID-19 policies for the following areas:

- Reporting COVID-19 cases and suspected cases
- Executive Orders
- Core principles of COVID-19 infection prevention
- Indoor visitation
- Congregate dining, resident activities, and community outings

- Post vaccination testing policies
- Universal eye protection
- Tracking of resident and staff vaccine status
- Quarantine for new admissions
- Survey resumption

### **Reporting COVID-19 cases and suspected cases**

It is imperative that facility staff continue to diligently monitor and report any suspected or confirmed COVID-19 cases within the facility. Even after a facility has completed vaccination clinics, the reporting process must be followed.

As a reminder, if a resident or employee in your facility is suspected of or has tested positive for COVID-19, the Facility Administrator (or Designee) must take the following steps immediately:

- Notify the resident's health care provider when a resident exhibits symptom of COVID-19.
- Notify your SOQ Operations and Policy Analyst (OPA) to inform them of the suspected or confirmed case(s). Notification may be made via email at [CBC.Team@dhsosha.state.or.us](mailto:CBC.Team@dhsosha.state.or.us)
- Notify Local Public Health Authority (LPHA) for your county.

If one of your residents or employees has tested positive, the LPHA will begin a contact tracing investigation and ensure appropriate safeguards are taken. Additionally, the LPHA will want to have current information as to the vaccination status of your staff, residents, and the individual(s) with positive test results.

If an individual tests positive fourteen (14) or more days after the last vaccination dose is administered (2nd dose of Pfizer/ Moderna or 1st dose for Johnson & Johnson Janssen vaccine), facilities should flag these cases for the LPHA as these situations meet the definition for "breakthrough" infections. These breakthrough infections in long-term care are being tracked by LPHAs, in collaboration with the Center for Disease Control and Prevention (CDC).

## **Executive Orders**

Even after a facility has completed vaccination clinics, the Department will issue Executive Orders (EO) to facilities having suspected or confirmed cases of COVID-19 among residents and/or staff. As a reminder, the EO is not a disciplinary action and is not reflected in a provider's compliance history. The EO outlines the additional requirements, or limitations SOQ may place on a community when there is a positive, or suspected, case to minimize risk of additional infections.

Requirements, or limitations, may include modified visitation, admissions, and other infection control enhancements. Each individual situation will be evaluated for risk and appropriate practice modifications in order to keep residents safe while minimizing disruption to residents.

## **Core principles of COVID-19 infection prevention**

As facilities relax limitations in accordance with this guidance, it is essential that infection control practices continue to be carefully observed. The following core principles and best practices help reduce the risk of COVID-19 transmission:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g. temperature checks, questions about and observations of signs or symptoms), and denial of entry of those 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).

As a reminder, vaccination status in a facility will have no impact on requirements for PPE usage, social distancing and other infection control measures unless specifically modified in other policies.

### **Indoor visitation**

Beginning fourteen (14) days after the second round of vaccinations for residents and staff, indoor visitation shall be accommodated at all times and for all residents (regardless of vaccination status), except for the limitation contained in the next section of this Provider Alert.

- Facilities must allow in-room visits, or visitation in a private visiting area if an in-room visit cannot be accommodated.
- Visitors do not need to be monitored after the visitor has been screened for COVID-19 symptoms upon entry to the facility and if they follow infection control protocols. However, their movement within the building should be minimized.
- Vaccination may not be required for visitors wishing to enter the building.
- Testing is recommended for visitors, but the facility cannot require testing as a condition of entry.

Facilities may limit indoor visitation under the following circumstances only:

- An Executive Order restricting visitation is in effect.
- Resident to be visited has not had a COVID-19 vaccine and the following additional conditions exist:
  - The facility is located in a county where OHA has determined there's a COVID-19 positivity rate of >10%. To determine the county's positive rate, [use this OHA resource](#).
  - <70% of residents in the facility are fully vaccinated.
- Resident to be visited has a confirmed COVID-19 infection (it does not matter if they have been vaccinated) and they have not yet met the criteria to discontinue transmission-based precautions;
- Resident to be visited is in quarantine (it does not matter if they have been vaccinated);
- The visitor will not adhere to infection prevention guidance, and related protocols, after appropriate coaching and education.

To further clarify the visitation guidance:

- **Compassionate care** - As a reminder, compassionate care visits, and visits required under federal disability rights law, must be allowed at all times, for any resident regardless of a resident's vaccination status or an outbreak.
- **Testing** - While not required, we encourage facilities in high-risk positivity counties to offer testing to visitors where feasible. When testing, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor may be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days).
- **Vaccination** - Similarly, we encourage visitors to become vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, visitors are not required to be vaccinated as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems.
- **Personal protective equipment** - Visitors may bring their own personal PPE or PPE may be provided by the facility. The only PPE requirement for visitors is a properly fitting face covering/mask. Facilities may not charge visitors for PPE.
- **Visitor monitoring** - Facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- **Infection control** - ODHS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated.
- **Close contact** - We acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.

## **Congregate dining, resident activities, and community outings**

Congregate dining may resume fourteen (14) days after completion of the facilities second, or final, vaccine clinic. Core Principles of COVID-19 infection control must still be observed. This may be accomplished, 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.

**Group resident activities** may be facilitated with observation of core principles of infection control, including social distancing, appropriate hand hygiene and use of a face covering if appropriate.

**Community-organized outings** may resume. While a long-term care resident's right to leave has always been maintained, it is important that residents remain vigilant regarding COVID-19 precautions and protocols while in the community.

- LTCFs should continue to discuss potential risks with residents, families, and representatives when residents desire community outings.
- Community outings may include visits with family, friends, medical appointments or participating/attending other community events.
- While county [positivity rates](#) for COVID-19 will change, educating residents, families and representatives regarding limitations at local restaurants, stores, museums, movie theaters, etc. remains important to ensure safety in following appropriate infection control protocols and precautions while away from facilities.

## **Post vaccination testing policies**

Routine surveillance testing of staff is no longer required, effective fourteen (14) days after the second vaccination cycle is completed. This applies only to staff **who have been fully vaccinated**.

Routine surveillance testing of staff who have **NOT been fully vaccinated** will continue to be required on a monthly basis.

Providers must continue testing residents and staff when they exhibit signs and symptoms of COVID-19. When there is a confirmed case of COVID-19, providers must continue to test all staff and residents, regardless of an individual's vaccination status.

### **Universal eye protection**

Effective immediately, universal eye protection for staff members is only required when one or more of the criteria exists:

- Facility is located in county designated as “extreme risk” by [county metrics](#); or
- Facility currently has an Executive Order for a suspected or confirmed case of COVID-19; or
- Less than 70% of residents are vaccinated; or
- Less than 60% of staff are vaccinated (March 15); or
- Less than 65% of staff are vaccinated (Apr 15); or
- Less than 70% of staff are vaccinated (May 15); or
- Less than 75% of staff are vaccinated (June 30).

Eye protection is still [recommended](#) for the care of any resident known or suspected to be infected with COVID-19.

Universal masking continues to be required for all facility staff.

### **Tracking of resident and staff vaccine status**

It is [ODHS policy](#) that facilities maintain records of vaccination status of staff and residents in order to provide data to ODHS, LPHA, or Oregon Health Authority (OHA), as necessary, to address public health concerns and to assess facility readiness to implement updated infection control guidance that incorporates vaccine thresholds. OHA has developed tools to assist facilities in tracking vaccination. Providers are not required to use the OHA tools if they can provide the appropriate data. The links to the tools follow:

Staff Tracking Tool:

<https://www.oregon.gov/oha/covid19/Documents/COVID-19-VaccineTracking-Sheet-Staff.xlsx>

Resident Tracking Tool:

<https://www.oregon.gov/oha/covid19/Documents/COVID-19-VaccineTracking-Sheet-Residents.xlsx>

### **Quarantine for new admissions**

Quarantine is no longer required for residents who are being admitted to a facility if they are fully vaccinated<sup>1</sup> and have not had prolonged close contact with someone with COVID-19, or SARS-CoV-2 infection, in the prior 14 days. ODHS will also be updating its administrative rules, accordingly, in the near future. Communities must follow quarantine protocols for nonvaccinated residents as outlined in 411-060-0010 until the rule is revised.

### **Survey resumption**

The Community Based Care Survey Team has resumed unannounced licensing survey reviews throughout the state. State surveyors are not required to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19. Communities should screen surveyors when they enter the community. Surveyors will also adhere to the core principles of COVID-19 infection prevention and adhere to any COVID-19 infection prevention requirements set by state law.

Thank you for your continued diligence in protecting residents from COVID-19. For questions on the guidance and policies provided above, please contact [CBC.Team@dhs.oha.state.or.us](mailto:CBC.Team@dhs.oha.state.or.us)

We hope these policy changes will positively impact the lives of the residents you serve.

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<sup>1</sup> **Fully vaccinated** refers to a person who is:  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine