



**June 21, 2021**

**Dear Facility Administrator:**

The recent emergence of the SARS-CoV-2 virus Delta variant in certain parts of Colorado has highlighted that there may be times when changing patterns of COVID-19 transmission or severity warrant additional facility-level mitigation and control measures to ensure resident safety. Such measures may be needed in situations including but not limited to: identification of variants of concern, increased transmission within a particular facility and/or increase in morbidity and mortality during a specific outbreak.

Colorado licensed residential care facilities are required to follow all guidance outlined in the [Residential Care Mitigation Document](#) per [Public Health Order 20-20](#). This letter is to notify you that due to the changing patterns of COVID-19 transmission or disease severity in your community and/or facility, specifically regional increases in the Delta variant, your facility is now required to follow additional control measures as outlined in the Enhanced Infection Control Recommendations below. Please continue to follow the additional control measures until you receive written notice from CDPHE that these requirements are no longer necessary.

## COVID-19 Testing

Facilities following COVID-19 Enhanced Infection Prevention Recommendations should follow the COVID-19 testing instructions described below until otherwise notified by CDPHE.

- Facilities should utilize a CDPHE contracted lab for all laboratory based COVID-19 testing.
  - To receive onboarding information to switch to the CDPHE state lab, please reach out to [cdphe\\_labcoordinators@state.co.us](mailto:cdphe_labcoordinators@state.co.us).

### **Surveillance testing**

- Surveillance testing should be completed twice weekly (using lab based PCR test).
  - Test all unvaccinated staff
  - Test all unvaccinated residents, regardless if they have left the facility.
- Prior to the start of each shift, all unvaccinated staff should be tested for COVID-19 utilizing a rapid molecular or antigen test.
  - All test results (positive, negative, inconclusive) must be reported to CDPHE. Inconclusive tests should be repeated.

## **Outbreak testing**

Facilities that have identified one or more positive COVID-19 staff or residents will complete outbreak testing as outlined below. Outbreak testing should be continued until CDPHE notifies your facility that it may resume surveillance testing.

### **Unvaccinated Staff**

- Prior to the start of every shift, unvaccinated staff should be tested for COVID-19 utilizing a rapid molecular or antigen test.
  - If a rapid test identifies a positive COVID-19 result, a second sample should be collected immediately and sent for PCR testing. Report positive results immediately to public health.
- A PCR based laboratory test should be completed twice weekly.
  - Staff who test positive should be excluded from work and informed to isolate at home, positive results should be immediately reported to public health.

### **Unvaccinated Residents**

- Approximately the same time each day, unvaccinated residents should be tested for COVID-19 utilizing a rapid molecular or antigen test.
  - Positive results require immediate isolation in a private room.
  - Rapid testing results should not be used for cohorting decisions.
  - If a rapid test identifies a positive COVID-19 result, a second sample should be collected immediately and sent for PCR testing. Report positive results immediately to public health.
- A PCR based laboratory test should be completed twice weekly.

### **Vaccinated Staff**

- A PCR based laboratory test should be completed twice weekly.
  - Staff who test positive should be excluded from work and informed to isolate at home, positive results should be immediately reported to public health.

### **Vaccinated Residents**

- A PCR based laboratory test should be completed twice weekly.

*Individuals who have tested positive in the last 90 days using a lab-based PCR are exempt from testing if they remain asymptomatic.*

## Isolation and Quarantine

- Perform contact tracing for all positives and promptly quarantine individuals (staff and residents) with a high-risk exposure for 14 days, regardless of vaccination status.
- Newly admitted residents should be placed in a private room and cared for using COVID-19 PPE for 14 days regardless of vaccination status.
- If your facility is experiencing an outbreak, this information must be disclosed to any receiving facility that will be providing care for a resident.
- If a resident transfers to another facility for any reason, ensure the receiving facility is aware that your facility is currently required to follow COVID Enhanced Infection Prevention Recommendations and the receiving facility will be required to quarantine the resident for 14 days regardless of vaccination status.

## Universal Mask Use

- All individuals entering the facility must wear a well-fitted facemask that fully covers their nose and mouth during their entire time in the facility (regardless of vaccination status).
- Staff should wear a medical grade mask (i.e., surgical mask or N95 respirator or higher) upon arrival to the facility.
- Staff can remove their masks to consume food or drink while in a designated break area separated from clinical care areas.
  - Staff must remain 6 feet from one another while masks are removed regardless of vaccination status.
  - Limit the number of staff in these designated break areas based on the size of the room and ability to maintain social distances.
  - If space is limited, stagger times and locations, assigning staff to their time and location.
  - Ensure staff clean and disinfect the surfaces after their break and prior to leaving the designated area.
- Residents should wear a mask when outside of their room whenever possible.
- Residents should wear a mask whenever possible when staff and/or visitors enter their room.
  - Staff may need to stop at the doorway and remind the resident to don a mask prior to entering. If the resident is unable to don a mask on their own after a reminder, the staff member should assist the resident with donning a mask prior to performing care whenever possible.
  - Staff should then remind the resident to remove their mask upon exiting. If the resident is unable to remove the mask on their own, the staff member should assist the resident with doffing (removal) prior to leaving the residents room.

## Eye Protection

- All staff should wear eye protection (i.e., face shields or goggles) during all resident care activities to protect against viral spread from asymptomatic and presymptomatic individuals.

## Social Distancing

- Maintain social distances of at least 6 feet whenever possible, regardless of vaccination status. Social distances should be maintained by staff and residents unless care activities require otherwise. Mask use does not negate the need for social distances.

## Communal Dining, Group Activities and Outings

- Masks should be worn during all group activities and outings.
- Unvaccinated residents should eat while distanced at least 6 feet from others, they should wear their mask until seated at the dining table.
- Vaccinated residents may share a table with other vaccinated residents. If the facility is experiencing an outbreak, limit the number of persons to 2 occupants. Group activities should occur in rooms with improved ventilation. Whenever possible, opening doors and windows to increase ventilation should be considered.

## Visitation

- Outdoor visitation is always preferred, especially for unvaccinated residents.
- Visitors and residents should wear a face covering that covers the nose and mouth during the entire visit, regardless of vaccination status.
  - Food and drink should not be consumed during visitation.
- Indoor visitation may take place if the facility is currently following surveillance testing protocols.
- If outbreak testing has been initiated, visitation should take place outdoors regardless of vaccination status until outbreak testing is no longer required.
- Visitors that cannot comply with masking recommendations or other infection control recommendations outlined in this document should be excluded from participating in visitation until enhanced recommendations are no longer required.

If you have additional questions or you need assistance with implementing these requirements, please reach out to the contacts below.

Infection Prevention Questions and to confirm receipt of these recommendations

- Contact: [CDPHE\\_InfectionPrevention@state.co.us](mailto:CDPHE_InfectionPrevention@state.co.us).

Laboratory Related Questions

- Rapid Molecular Testing contact: [cdphe\\_labcoordinators@state.co.us](mailto:cdphe_labcoordinators@state.co.us)
- Rapid antigen testing contact: [Alexis.Foor@state.co.us](mailto:Alexis.Foor@state.co.us).
- PCR surveillance testing or assistance to transition to a new lab contact: [Jessica.Mechtenberg@state.co.us](mailto:Jessica.Mechtenberg@state.co.us)

All other questions or if you are unsure who to contact:

- Contact: [residentialcarestriketeam@state.co.us](mailto:residentialcarestriketeam@state.co.us).