



**Armed Forces Retirement Home
Chief Operating Officer
3700 North Capitol Street, N.W.
Washington, DC 20011**

May 17, 2022

MEMORANDUM FOR AFRH RESIDENTS AND STAFF

SUBJECT: Modification of COVID Protective Measures (Change 5)

Summary of Change 5

Adds COVID treatment information; updates staff quarantine and isolation protocols adapting CDC strategies for managing healthcare staff. Previous versions obsolete.

Overview

This memorandum provides updated guidance to both AFRH campuses for protective measures implemented during the COVID pandemic.

It is important to remember that CDC guidance for the general public does not apply at AFRH. This is because of our close living environment, shared facilities and amenities, on-site healthcare services including higher levels of care, and the greater risk of infection and severe illness among the residents we serve.

Therefore, our approach incorporates some features of CDC guidance for the general public, healthcare personnel, contingency and crisis management, and for long-term care, assisted living, and healthcare settings. CDC guidelines change frequently and differently in each of these areas.

Definitions

Booster dose: Additional vaccine doses after the initial series (one or two doses depending on manufacturer). Currently, for example, there are two sequential boosters of the Pfizer vaccine available. There may potentially be more sequential boosters available.

Community levels: CDC calculation of levels of COVID by county available at <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>.

These levels do not apply in healthcare settings, such as clinics and nursing homes, per the CDC.

Exposure: Close contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID.

Healthcare personnel (HCP): All persons working in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. The full CDC definition can be found at the footnote¹. All AFRH staff are HCP per the CDC definition and AFRH determination.

Fully vaccinated: Two weeks have passed since the final dose of an initial vaccine series (one or two doses depending on manufacturer). There is waning immunity and the first series no longer provides as much protection several months after administration. Many individuals who have been fully vaccinated are still at risk for infection. Boosters are recommended.

Quarantine vs isolation: Quarantine keeps someone who was exposed to the virus and *might have become infected* away from others. Isolation keeps someone who *is sick or tested positive without symptoms* away from others.

Staff: Includes federal employees, contractor employees, and volunteers.

Adjusting protective measures

AFRH's highest priority is to keep the two communities safe, and some limits will remain in place while others will be adjusted in response to conditions at either campus or their surrounding communities. Key conditions are:

- Positive cases on campus
- Community level, as reported by CDC at <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>
- Local data, as reported by CDC at <https://covid.cdc.gov/covid-data-tracker/#county-view>

¹ <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/appendix/terminology.html> (10/2/2019 rev.)

Required core infection prevention protocols

All residents, staff, volunteers, and visitors **must** maintain core infection prevention protocols:

- Properly wear face masks per current guidelines (see details below)
- Maintain at least 6 feet of social distancing per current guidelines
- Wash or sanitize hands frequently
- Complete sanitizing and screening steps when arriving on campus
- Self-monitor at all times for any symptoms associated with COVID (i.e., sore throat, cough, nasal drainage, dizziness, fever or chills, shortness of breath, new loss of taste or smell, headache, fatigue) and if they occur, immediately self-isolate and notify the Wellness Center staff who will provide further instructions

Detailed protocols

Masks

The CDC has advised that mask wearing is not required when out in the community in counties with low and medium community levels. See the definition for *community levels* for online county information. It is important to recognize that healthcare settings have separate CDC guidelines and masking continues to be mandatory in healthcare settings at AFRH.

- Residents and visitors must wear masks in the Wellness Centers, Assisted Living, Long Term Care, and Memory Support units, and are encouraged to wear KN95 masks specifically. KN95s are more protective than standard cloth masks and do not require fit testing, training, medical questionnaires, or approval before use.
- Staff must wear N95s or KN95s in the Wellness Centers, Assisted Living, Long Term Care, and Memory Support units.
- Signage requiring masking for all, regardless of vaccination status or CDC community level, will be posted at entrances to healthcare units.
- Staff must wear PPE including gowns, gloves, face shields, and N95s when caring for residents with diagnosed COVID.

Outside of healthcare settings, campus administrators set masking requirements for their campus in consultation with the Corporate Medical Director when CDC community levels are low or medium. In general, at the low and medium levels masks are strongly encouraged, but not required, in all other indoor areas where others are present, particularly indoor group events. There may be times when the community levels are low or medium when the campus administrator may require masking. Masks are required by everyone in all areas at AFRH whenever CDC community levels are high.

Vaccination

The AFRH community has high rates of COVID vaccination and boosters. Residents, staff, and visitors who were vaccinated 6 months ago yet have not received the first booster, and are medically eligible to receive one, are advised to speak with their healthcare provider about getting a booster as soon as possible. The second booster is now available to eligible residents and staff over age 50 if at least 4 months have passed since the first booster. Immunocompromised individuals are encouraged to speak with their personal healthcare provider to determine if an additional booster is recommended. All staff and residents are encouraged to speak with their providers regarding getting the boosters.

Vaccines are one of the tools available, but are not guaranteed to prevent illness or even death from COVID. Since COVID can result in illness, hospitalization, and death, every available defense should be deployed.

Testing

Symptomatic individuals will immediately receive both rapid and PCR tests. Asymptomatic individuals identified through contact tracing will receive a rapid test within 3 days of exposure. Unvaccinated staff will be tested every Monday, or the first duty day after leave, prior to starting duties.

Residents and staff are encouraged to request COVID testing at the Wellness Center within 3 days after potential exposure, such as participating in activities off-campus that involve close contact with the general public, or any travel by common carrier.

Treatment

There is now widely available effective treatment for COVID. Don't delay—treatment must be started within 5 days after you first develop symptoms to be effective. See your healthcare provider within 5 days of a positive test result or the onset of COVID-like symptoms, even if your symptoms are mild or non-existent. The FDA has issued emergency use authorizations for certain antiviral medications and monoclonal antibodies to treat mild to moderate COVID in people who are more likely to get very sick. Treatment may reduce your chances of being hospitalized or dying from the disease. For mild to moderate cases, some people may be able to take a short course of pills as an outpatient.

AFRH physicians and nurse practitioners have more information and may be able to prescribe COVID treatments for residents. Or, visit [https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com/](https://covid-19-test-to-treat locator-dhhs.hub.arcgis.com/) or call 1-800-232-0233 (TTY 1-888-720-7489) to find a testing location that can provide treatment if you test positive.

Quarantine and isolation

For determining the duration of quarantine or isolation, the first day of symptoms is counted as day zero. The first day with a positive COVID test is counted as day one.

Residents

Quarantine

All AFRH residents, regardless of vaccination status, who have a qualifying exposure to COVID (see *exposure* definition on page 2), and residents in Assisted Living, Long Term Care, and Memory Support who are returning from hospitalization, must contact their AFRH healthcare provider quarantine directions. In general residents will need to quarantine for 10 days, but may be more or less depending on their individual circumstances.

- They will be rapid tested at the end of 10 days.
- If negative, they may exit quarantine but will continue to monitor for symptoms for 14 days and immediately notify healthcare staff of any symptoms. During this time, they should limit their movements and participation in activities and wear a mask at all times.
- If they test positive or develop any symptoms during the quarantine period, they will move to the isolation protocol below.

Isolation

All AFRH residents, regardless of vaccination status, with a positive COVID test or symptoms of COVID infection will isolate for 10 days.

- They will be rapid tested after 10 days. If the test is negative and the resident is asymptomatic, including no fever for the 24 hours prior, they may end isolation.
- Immunocompromised residents may have specialized isolation tailored by their healthcare providers in support of their needs.

Staff

AFRH may use the continuum of options offered by the CDC for managing healthcare personnel (HCP) and mitigating staffing shortages. The CDC's quick reference guide, "Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures" is included in the appendix to this memo. Full CDC guidance on this topic can be found at the footnote.² The following provides procedures specific to AFRH operations.

Campuses are at the conventional level unless the Campus Administrator determines the contingency or crisis level is necessary. Campus administrators will reserve the contingency and crisis levels for emergency situations and must consult the Corporate Medical Director (CMD) and Chief Human Capital Officer (CHCO) before changing the healthcare staffing level.

All AFRH staff are defined as HCP and will follow guidelines for conventional work restrictions if exposed to COVID. Contingency and crisis level work restrictions, should they be implemented, will only apply to staff who have been notified by the CHCO that their position is subject to these work restriction levels due to staffing shortages. Campus administrators will identify these positions to the CHCO after consulting the CMD.

AFRH considers up to date vaccination status to be the primary series plus two boosters, with the second booster received at least 2 weeks prior to COVID exposure.

² <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html> (1/21/2022 rev.)

All AFRH staff returning to work after COVID exposure or infection must wear an N95 or KN95 mask at least 10 days after exposure or infection and must be physically able to wear the mask while performing their duties. They will continue to monitor for symptoms for 14 days and immediately notify management of any symptoms. Staff who test positive at any point will then follow the rubric for infection.

Negative test and return to work options may be authorized by campus administrators after considering individual circumstances and staffing needs in alignment with CDC conventional, contingency, or crisis levels as detailed here.

Contingency and crisis staffing levels

Staff with positive COVID infection who are authorized by management to return to work under contingency or crisis staffing levels must observe the following precautions:

- They must be free of symptoms and fever and feel well enough to perform their duties
- For 5 days after returning to work they may only be assigned to care for residents or work less than 6 feet from staff who have positive COVID infection
- At the crisis level, staff with up to date vaccination are recommended, but not required, to follow the days 1/5/6/7 negative testing regimen prescribed at the contingency level.

Gatherings and social distancing

Large crowds of greater than 30 people should be avoided when possible. Social distancing of 6 feet between all people at all times should be maintained regardless of group size, including in the dining hall, and masking is strongly recommended at indoor group events. Ventilation should be maximized with fresh outdoor air if possible in any area where groups of people are located. Independent residents should limit the number of visitors in their apartment to ensure 6 feet of social distancing can be maintained. Virtual meetings are strongly encouraged, particularly for staff.

Off-campus activities

Residents intending to participate in activities off campus are strongly recommended to obtain a booster vaccine, in consultation with their healthcare provider, before doing so.

All residents and staff should try to avoid off-campus areas with known high community levels, available at: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>. Large groups and crowds over 30 should be avoided if possible. AFRH encourages residents and staff to continue wearing masks when interacting off-campus with the general public.

Drivers and passengers in shuttle buses or shared vehicles must sit so as to maintain 6 feet separation and maximize ventilation. Staff must wear masks when in AFRH vehicles with other persons. Residents are encouraged to wear masks.

Travel

Travel increases your chance of spreading and getting COVID. If you do travel, AFRH strongly recommends you take these actions to protect yourself and others from COVID:

- Contact the Wellness Center prior to your trip if you will travel via common carrier such as airplanes. Consider asking for a COVID test within 2 days prior to departure.
- Check <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html> prior to making any travel plans to avoid areas with high local community levels. If the destination has high community levels, it is advised to wear a mask while there.
- During travel by common carrier, wear a mask over your nose and mouth, avoid crowds and stay 6 feet or more away from others and wash or sanitize your hands often.
- After travel by common carrier, if you have had the vaccinations including the booster, self-monitor for symptoms and contact the Wellness Center immediately if you develop any symptoms. Consider requesting a rapid test 3 days after returning.

Documentation for contractors, visitors, and volunteers

Contractor personnel, visitors, and volunteers must complete DD Form 3150, "Contractor and Visitor Certification of Vaccination,"³ maintain a current copy, and show it to authorized AFRH personnel upon request. Visitors who are not fully vaccinated against COVID-19, or who decline to volunteer their COVID vaccination status, are asked to show an electronic or paper copy of negative results from a U.S. Food and Drug Administration authorized or approved COVID test administered no earlier than 72 hours prior to their visit.

Visitors and volunteers

AFRH will continue to assume that visitors represent COVID exposure risks. Campus administrators may permit visitors outside the buildings and in designated areas inside the buildings, subject to the following:

- Visitors must follow core infection prevention protocols and screening procedures per current campus guidance at all times while on AFRH grounds.
- Visitors must adhere to campus requirements for wearing masks and are encouraged to wear them in AFRH buildings even when not required. Visitors must wear masks in healthcare units and whenever the CDC community level is high.
- Visitors will not be permitted if they have had a fever or other COVID symptoms within 24 hours, or have had any COVID diagnosis or have been in isolation or quarantine within the past 10 days.
- Residents are encouraged to only welcome visitors who have received the most recent booster vaccine and at least 2 weeks have passed since the booster.
- Campuses will explain the risks associated with visitation to residents and visitors so they can make an informed decision about participation.

³ <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3150.pdf>

- Visitors must remain in designated areas to minimize contact with other residents and staff. Campus administrators may allow volunteers who are fully vaccinated and have had at least one booster for activities in Independent Living and common areas. Volunteers will not be permitted in Assisted Living, Long Term Care, and Memory Support at this time.
- Indoor visits may need to be scheduled in advance due to space and staffing limitations and to aid contact tracing if needed.
- Indoor visitation for unvaccinated residents, or vaccinated residents in quarantine or isolation, will be limited to compassionate care situations as permitted by the campus Administrator.

Tours

AFRH will remain closed to the general public for indoor tours without prior approval by Campus Administrators. Prospective residents may tour the facilities by appointment only. Tour participants must follow the core infection prevention protocols and guidance for visitors at all times during their visit, particularly regarding symptoms or COVID diagnosis. They will not be permitted in Assisted Living, Long Term Care, and Memory Support at this time.

New admissions

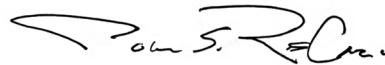
Incoming residents will follow protocols including testing for COVID within 48 hours prior to arrival, having a health screening upon arrival, and submitting information on their COVID vaccination status including any booster. Any new resident who has not had both the initial vaccine series, initial booster, and secondary booster if eligible, will follow the resident quarantine procedure above. Incoming residents will also follow all outlined rules if a companion is needed to assist them with their move-in, or if a moving company is needed. Residents are encouraged to only bring companions who have received the most recent booster vaccine and at least 2 weeks have passed since the booster. Companions must follow the above guidance for visitors.

Conduct

Failure to observe core infection prevention protocols or vaccination requirements may result in disciplinary measures or exclusion from certain areas. Only managers and healthcare providers have a need to query any individual regarding infection prevention protocols or their vaccination status. New staff are required to show vaccination status to human resources staff during on-boarding.

Conclusion

AFRH will continue to assess current conditions and adjust protective measures as necessary, utilizing resources including but not limited to the Department of Defense, CDC, executive orders, and other applicable federal guidance. Our ultimate goal has been, and continues to be, to maintain a safe and healthy environment for our residents, staff, and visitors.



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Chief Operating Officer

Appendix

APPENDIX: “Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures”, CDC, 1/7/2022

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

“Up to Date” with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines](#) | CDC

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [‡] and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



COVID-19 | 01/07/2022

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)