

Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients after Community Visits

This risk assessment template should be used as a framework to guide COVID-19 infection prevention policy and practices surrounding long-term care (LTC) residents following trips into the community. This risk assessment should be adapted as appropriate depending on settings, resource availability, and level of community disease burden. Facilities should follow [Governor Inslee's Healthy Washington – Roadmap to Recovery](#) and the [Safe Start plan for Long-term Care Facilities](#) appropriate for the facility type. This guidance includes a tool that can be used for non-medical community activities (e.g., shopping) and a tool that can be used for medical visits (e.g., dentist, outpatient clinic visit, outpatient dialysis, etc.). For visits that may include both medical activities and non-medical activities, the higher risk score should be assigned. Travel to and from medical visits is considered a non-medical activity for the purposes of this guidance. Facilities can use the accompanying letter to educate residents, clients, families, and friends.

Fully vaccinated (≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine) residents do not have to quarantine after community visits if they do not have [prolonged contact](#) with someone with COVID-19. During visits in the community, residents, vaccinated and unvaccinated, should adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene, and use of face-coverings as source control.

How can I use this risk assessment?

This community activity risk assessment can be used in a variety of ways:

- To develop policy for a list of activities and subsequent interventions common to the facility/home (shopping, dinner out with family, shopping, getting nails done, etc.)
- To assess individual residents/clients before they leave the facility/home for activities. Using the tool before a resident goes on a community outing encourages transparency and shared decision-making that could help mitigate risks before they occur and reduce subsequent need for quarantine.
- To ensure that the proper infection prevention procedures are initiated after a resident/client returns to the LTC facility/home following community activities. Long-term care facilities/agencies should always follow [CDC guidance for Nursing Homes and](#)

[Long-term Care Facilities](#) and can consult with their local health jurisdiction if guidance is unclear

- To track and document the frequency that residents/clients that leave the LTC facility/home for community visits.
- Community visits and risk assessment should be documented in the resident's care plan.

For any resident/client taking a trip outside of the facility, the facility/agency should:

- Provide the resident/client with any items needed to follow infection prevention recommendations (e.g., hand sanitizer, face covering or mask).
- Educate the resident/client, and friends and family of appropriate precautions as listed in the attached [letter](#).
- Continue daily symptom screening of residents/clients on their return to their facility/home
- Follow their facility/agency protocol (which may include a 14-day room-based quarantine upon returning to the facility) regarding management of residents/clients who take trips outside of the facility/home, based on their risk assessment and re-opening phase.
- If possible, cohort residents/clients who make frequent trips outside the facility/home.
- Consult with your local health jurisdiction for advice regarding quarantine period upon return to the facility if unclear.

Quarantine is used to keep someone *who is known to be exposed or who has a higher risk of have been exposed to COVID-19* away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. For COVID-19, the quarantine period is 14 days due to the incubation period of the virus, which means that someone can be exposed and not develop symptoms or otherwise test positive for up to 14 days after the date of exposure, but may become infectious in that time. Quarantine for the purposes of this guidance is placing a resident who has been identified as having been potentially exposed in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Healthcare workers should perform hand hygiene when entering and exiting the resident room, wear a NIOSH approved N95 or other respirator (or face mask if following [CDC's PPE Optimization Strategies for Respirators](#) due to supply shortage), eye protection, and gown and gloves with resident contact. If possible, residents should remain in their room except for medical necessity.

Isolation is used to keep someone who has COVID-19 away from others to prevent transmission to other. It takes about 10 days for someone to stop being contagious after they become ill with COVID-19, which is why it is recommended that someone who tests positive for COVID-19 isolates for 10 days. Isolation in long-term care facilities refers to placing the resident in a single-person room, or cohort with residents who have the same infection. Often, LTCF will

further cohort all residents with COVID-19 on a particular unit or to a particular area. Healthcare workers should perform hand hygiene when entering and exiting the resident room, wear a face mask (or N95 if during an [aerosol generating procedure](#)), eye protection, and gown and gloves. If possible, residents should remain in their room except for medical necessity.

Fully Vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.

Prolonged contact is considered within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period.

Risk Assessment Template for All Residents, Regardless of Vaccination Status

Prolonged contact with a person who has COVID-19 ☐ Yes

If “yes”, consider higher-risk.

If “no”, and fully vaccinated, assess as lower-risk and the risk assessment is complete. If unvaccinated or not fully vaccinated, proceed to the risk assessment below.

Risk Assessment Template for Unvaccinated or Not Fully Vaccinated Residents

Non-Medical Community Activities*

Assign 1 point to each “yes”:

Indoor activity ☐ Yes

Unable to maintain social distancing ☐ Yes

>5 people at activity ☐ Yes

Duration of activity >1 hour ☐ Yes

Unable to wear a mask during the entirety of the outing ☐ Yes

Total score _____

Medical Community Activities (dialysis, outpatient clinic, etc.)*

Assign 1 point to each “yes”:

Unable to maintain social distancing from other patients and

Visitors at appointment ☐ Yes

>5 people in common area ☐ Yes

Duration of appointment >1 hour ☐ Yes

Infection control measures (hand hygiene, masking, etc.)

not in place at medical site

☐ Yes

No screening of patients in place at appointment site

☐ Yes

Total score _____

0-2 = **lower-risk activity** (ex: walk in an uncrowded park)

3-5 = **higher-risk activity** (ex: eating in a crowded restaurant)

Lower-risk: educate on infection prevention, hand hygiene, and respiratory/cough etiquette. Actively screen residents daily for symptoms, before leaving, and after returning.

Higher-risk: all in lower risk and place in quarantine for 14 days since most recent exposure.

*Transportation to and from medical community activities should be assessed using the non-medical community activities risk assessment template and the medical visit should be assessed using the medical community assessment template. Facilities should follow the guidance associated with the higher risk assessment score.

Dear Residents, Clients, Families, and Friends:

We are committed to keeping our residents and clients safe and we need your help. The virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in long-term care facilities and residential homes. Many of our residents and clients are in the high-risk group for COVID- 19 and may have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. For the safety of your loved one and our community, we encourage you to consult with the facility or agency staff before taking trips into the community. Though masking and distancing recommendations have been relaxed for the general public, we recommend residents of long-term care facilities maintain core infection prevention practices during visits outside of the facility.

When taking trips into the community, residents and clients should:

- Wear a face covering or face mask at all times, according to [CDC guidance](#).
- Clean hands frequently, using alcohol-based hand sanitizer when soap and water is not available.
- The safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing (maintaining at least 6 feet between people). If the resident is fully vaccinated, they can choose to have close contact (including touch) with others in the community while wearing well-fitting source control.
- If visiting friends or family in their homes, fully vaccinated residents should follow the source control and physical distancing recommendations for visiting with others in private settings as described in CDC's [Interim Public Health Recommendations for Fully Vaccinated People](#).

Friends and family members accompanying residents and clients should:

- Wear a face covering or face mask at all times, according to [CDC guidance](#).
- Clean hands frequently, using alcohol-based hand sanitizer when soap and water is not available.
- Be aware of potential risks of taking trips into the community, including a potentially increased risk of COVID-19 for your friend or family member as well as a potential risk of introducing COVID-19 into the facility/home.
- With your friend or family member's permission, keep a log of activities to allow for contract tracing if cases are identified.

The facility or agency should:

- Provide the client/resident with any items needed to follow infection prevention recommendations (e.g., hand sanitizer, face covering or mask).

- Educate clients, residents, and friends and family of appropriate precautions as listed above.
- Continue daily symptom screening of the client/resident on their return to the facility
- Follow their facility or agency protocol (which may include a 14-day quarantine upon return to protect the health of other residents) regarding use of PPE or other universal source control with people who take trips to the community, based on their risk assessment and re-opening phase.
- If possible, cohort residents or clients who make frequent community trips.
Consult with your local health jurisdiction for advice regarding quarantine period upon return to the facility or their home.

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.