To whom it may concern:

In order to advocate for a continued, evidence-based response to COVID-19 in congregate settings, the Society for Post-Acute and Long-Term Care Medicine (AMDA) has convened a national group of expert clinicians who mutually agree on the following key points:

1. **Expert Clinical Guidance.** Engage the well-established national network of post-acute and long-term care specialists who can quickly formulate evidence-based guidelines and provide expert guidance in the development of county, state and federal policies and guidelines.

2. **Evidence-Based, Person-Centered Care.** During a pandemic, focus on person-centered care and foster a collaborative, educational partnership between regulatory agencies and various congregate settings. Emphasize decreased regulatory burdens, improved liability protections, and increased flexibility in state survey queries. Implement a safe, evidence-based strategy for relaxing physical distancing and visitor restrictions. Advocate for appropriate inclusion of congregate-living adults in vaccine development and clinical trial participation.

3. **Comprehensive Infection Prevention and Testing Strategy.** Adopt an evidence-based, effective testing strategy that informs infection prevention strategies (isolation, cohorting, and quarantine) to include appropriate use of personal protective equipment (PPE) and precautions (standard, contact, and/or droplet) based on the realistic capabilities of the care setting (assisted living, short-stay skilled nursing, memory care, or long-term care). Collaborate with healthcare systems and private entities to ensure effective testing capacity. Prioritize PPE and testing supplies to outbreak sites. Ensure that testing algorithms include asymptomatic residents, healthcare workers, and care transitions. Foster collaborative partnerships between infection preventionists, local health departments and facility staff development coordinators.

4. **Adequate Workforce Solutions.** Coordinate a local, regional, and statewide response to staffing shortages within congregate settings undergoing an outbreak investigation. Prepare a separate backup plan for medical staff as well as all levels of nursing care to include care aides, med techs, and nursing assistants. Pay particular attention to the backup staffing plan for direct patient care due to the high incidence of residents who are dependent on staff for basic activities of daily living (ADL), such as eating, dressing, and toileting.

Approved by the AMDA Board of Directors, May 28, 2020

*Our vision: A world in which all post-acute and long-term care patients and residents receive the highest-quality, compassionate care for optimum health, function and quality of life*