
COVID-19 Guidance for Assisted Living Facilities in Utah

Who is the guidance for?

Assisted living facilities are part of a continuum of long-term care that provides a combination of housing, personal care services, and healthcare designed to respond to an individual's need for assistance with the activities of daily living in a way that promotes maximum independence. These facilities have unique issues that must be considered for prevention and control of novel coronavirus disease 2019 (COVID-19) infections. This document provides interim guidance specifically for assisted living facilities to ensure protection of the health and safety of residents, staff and visitors. The focus of this guidance is on general preventive measures for facilities, reducing the risk of the virus entering facilities, rapid detection of persons with COVID-19, and management and isolation of identified cases. Recommendations will be revised as more information becomes available. In addition, facilities should regularly monitor the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>.

Why is the guidance being issued?

This information is intended to help assisted living facility staff understand how to help prevent the transmission of COVID-19 and to react quickly should a case be identified. These facilities pose special risks and considerations due to the nature of their unique environment, including limited options for isolation and removal of ill persons from the environment; limited access to personal protective equipment (PPE) for staff; limited access to clinical testing for COVID-19; and the desire on the part of staff and residents to maintain as much independence as possible. The guidance includes considerations to help administrators plan for the continuity of patient care and supporting staff and families if there is community spread of COVID-19. Residents in long-term care facilities are sometimes debilitated and incontinent, so hygiene can be difficult to maintain. Residents may also share many facilities and equipment (e.g., exercise equipment, dining facilities, etc.) that may increase the risk of COVID-19 transmission.

What is the role of staff members in assisted living facilities in responding to COVID-19?

COVID-19 is a respiratory illness caused by a novel coronavirus, and we are learning more about it every day. There is currently no vaccine to protect against COVID-19 and treatment is limited to supportive care. At this point, the best way to prevent infection is to avoid being exposed to the virus that causes it. Stopping transmission of the virus through everyday practices is the best way to keep people healthy. Staff should emphasize to residents the importance of respiratory etiquette and hand hygiene and ensuring that hand hygiene supplies are readily available in all buildings, especially near entrance areas and in community spaces. Staff should also ask residents to immediately report to them any symptoms (e.g., cough, fever, shortness of breath) that they might have or they observe in other residents.

It is important to designate at least one point person in the facility, preferably several and ideally onsite, who can keep updated with changes in the situation and guidance. This person should be knowledgeable on infection control procedures and how they are being implemented within the facility. This person should also provide staff with regular updates of the situation. The facility ideally should implement flexible sick-leave policies and to the extent possible flexible attendance policies (e.g., staggered shifts) should staff shortage become an issue.

Symptomatic staff should not report to work and should be told to stay at home until at least three days after their last symptom resolves. If a staff member develops signs and symptoms of respiratory infection at work, s/he should stop work immediately, put on a facemask, and self-isolate at home. S/he should also inform the facility's infection preventionist or nursing director on the individuals, equipment, and locations s/he came into contact with. S/he should contact her/his regular physician, healthcare provider or the local health department for recommendations on next steps (e.g., testing, locations for treatment).

Guidelines for Administrators

- Owners, administrators, and operators can help slow the spread of COVID-19 and severe illness in the following ways:
 - Cancel all public or non-essential group activities and events.
 - Alter schedules to reduce mixing (e.g., stagger meal, activity, and arrival/departure times so social distancing can be maintained).
 - Residents should ideally eat in their own apartments, units, or rooms. Many facilities, however, have residents that require assistance with dining and there may not be adequate personnel available to feed all residents in their rooms. All residents that need extensive assistance should have mealtimes divided into shifts.
 - Limit the number of residents in a community or dining room at a given time to fewer than ten people and ask participants to maintain a distance of at least six feet from one another.
 - Place chairs and tables at least 6 feet apart during communal dining or similar events.
 - If the distance requirements cannot be achieved, residents need to eat and conduct other activities in their apartments, units, or rooms.
 - Limit programs with external staff.
 - Because canceling social interactions may increase risk of adverse mental health outcomes, particularly during a stressful event of a disease outbreak, administrators can provide information to help support residents in managing stress and anxiety during this COVID-19 outbreak.
 - Administrators can support residents who have no or limited access to the internet by delivering print materials to their residences, apartment units, or rooms. Printable materials in English and other languages are available for community-based settings on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>. You can post these easy-to-understand handouts and high-visibility posters in high-traffic locations.
 - Develop generous sick leave policies for staff who may have to isolate at home due to symptoms.
 - Develop visitor policies (see below).

Policies for Entering and Leaving the Facility

- Workers, contractors (such as barbers, hairdressers, sitters, and housekeepers), and volunteers providing care in multiple homes or facilities can serve as a source of coronavirus transmission between residences in these facilities. These persons should be advised to limit the number of people they interact with and retain a distance of more than 6 feet when interacting with staff and residents whenever possible.
- Consider prohibiting the entrance of non-essential visitors. Retirement communities and assisted living facilities may want to suspend visitations except for workers, volunteers, limited family members and visitors who are essential to preserving the health, including mental health, well-being, and safety of residents.
- Administrators should consider screening workers, family members and essential volunteers who will be interacting with residents for signs and symptoms of COVID-19 as they enter the facility. This includes actively taking each person's temperature using a no-touch thermometer and asking whether the person is experiencing shortness of breath or has a cough. They should be advised that if they develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.
 - Consider having someone permanently stationed at the front desk to take temperatures, record any symptoms, and log where each employee and visitor has been between shifts.
 - This process should be undertaken every six hours or anytime someone comes into the building to begin a shift.
- Since assisted living facilities are high-risk in environments in terms of both risk profiles and proximity, residents should be discouraged from leaving the facility and to make alternate arrangements (e.g., delivery) for day-to-day activities such as grocery shopping.
- Administration should implement a leave-of-absence policy that requires the resident to get approval of his/her reason for leaving the facility. Residents should be discouraged from leaving the facility and only do so for essential reasons (e.g., medical visits to which transportation has been arranged). Negotiations with residents who want to come and go can be difficult so the policy should clearly define what is considered an essential reason to leave the facility and the consequences for leaving the facility for non-essential reasons. For example, a resident may be required to isolate in his/her room for 14 days if s/he leaves and returns for a reason that is considered non-essential. Residents should be informed ahead of time that they may be discharged from the facility if they cannot adhere to the leave-of-absence policy.

New Admissions

- Administration should develop a policy for new admissions to the facility.
- Depending on the COVID-19 situation in the community, new admissions should be asked to stay in their rooms for 14 days to ensure no symptoms of COVID-19 occur.
- If new residents need help with moving in their possessions, this should be done by facility staff when they are available to assist, rather than by family members.
- New residents should be informed of the visitor and leave-of-absence policies during the COVID-19 epidemic.

Helping Residents Deal with Social Isolation

- Social interaction is important; however, in-person social interactions are associated with increased risk of infection.
- Learn and practice alternative ways to interact, including replacing in-person group interactions with video or telephone calls.
- Help residents establish a “buddy” system to ensure they stay connected. Residents can seek out a “buddy” who will regularly check on them (using preferably non-face-to-face communication) and help care for them if they get sick. This person cannot be a person who is at higher risk of complications if they become ill with COVID-19.
- Owners, administrators, and operators of retirement communities and assisted living facilities may want to identify residents who have unique medical needs (including behavioral health needs), and access and functional needs to encourage them to develop a plan if they or their primary caretaker(s) become ill.
- Administrators and staff can assist in finding volunteers to assist residents who may need extra assistance in getting the medical help they need and train these volunteers in following personal protective measures. These volunteers should not be persons who are at higher risk for serious illness from COVID-19. Volunteers can also consider checking up on residents via electronic means if appropriate.
- Residents may want to consult with their healthcare providers and, if possible, plan to keep an extra supply of their regular prescriptions. Mail-order medications also could be considered as an alternative for those unable to get longer supplies of medication. They can ensure that they have an adequate supply of food and everyday essentials in their homes should a disruption occur for an extended period.
- Residents can work with their primary caretakers to identify alternative caretakers to ensure continuity of care should there be any interruptions to the regular services they receive. Telemedicine services may be available to them. They can work with their medical providers to determine if any elective procedures or non-emergent services can be delayed without negatively impacting their health. They can ask their medical providers if they have a formal “telehealth” system for their regular appointments and, if not, ask if they can still communicate by telephone (instead of visits) to reduce the number of face-to-face interactions.

Personal Prevention Recommendations

- Encourage all persons within the facility to cough and/or sneeze into the elbow or sleeve or cover their cough/sneeze with a tissue. Throw the tissue in the trash after use. Maintain good hand hygiene by washing with soap and water for at least 20 seconds (the amount of time it takes to sing Happy Birthday twice), or using an alcohol-based hand sanitizer, especially after coughing or sneezing. Avoid touching eyes, nose and mouth without cleaning hands. Respiratory hygiene/cough etiquette should be implemented in all interactions in the facility. Post signage to remind staff and residents of these measures throughout the facility. See: <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/respiratory-hygiene.html>.
- Provide convenient access to appropriate hand hygiene facilities, including at visitor entries and exits, residents' rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas. To facilitate hand hygiene:

- Use the gold standards for hand hygiene, which are running water, soap, and hand drying machines or paper towels and waste baskets; alternatively, except in lavatories and food preparation areas, alcohol-based hand sanitizers may be used.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place/common area.
- If soap and water are not available, use a hand sanitizer that contains 60–95% alcohol.
- To the extent possible, avoid touching high-touch surfaces in public places—elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.
- Wash your hands after touching surfaces in public places.
- Periodically monitor staff for adherence to hand hygiene and provide them with feedback so they know how they are doing.
- Administration should develop a plan for and explore accessing and maintaining personal protective equipment (PPE), including gowns, surgical masks, N95 masks, eye protection and gloves should this be needed for staff assisting with COVID-19 patients who must remain in the assisted living facility isolated to their rooms. Staff will need training on use of the PPE that is available to the facility ahead of time. For more recommendations on PPE see: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html>.

Environmental Prevention Recommendations

- Clean and disinfect all common areas and shared facilities daily. Provide additional training for staff in enhanced cleaning and disinfection measures for COVID-19. See: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>.
- Give special attention and more frequent cleaning to high-touch surfaces, such as door handles, faucets, toilet handles, light switches, elevator buttons, handrails, countertops, chairs, tables, remote controls, shared electronic equipment, and shared exercise equipment.
- All residents should ideally have dedicated personal equipment for their activities.
- Clean and disinfect all non-dedicated, non-disposable equipment used for resident care according to manufacturer’s instructions and facility policies.
- Eating utensils should be washed either in a dishwasher or by hand with water and soap. Cups and utensils should not be shared until after washing.
- Staff should follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, necessary personal protective equipment, etc.). Use dedicated equipment for individual patients whenever possible. Clean all common areas routinely and immediately, especially when visibly soiled. Use the cleaning agents normally used in these areas, and ensure they are EPA-rated for emerging viral pathogens. See: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

Recommendations for Confirmed COVID-19 Cases in Assisted Living Facilities

- If a person with COVID-19 resides in or recently has been to an assisted living facility, Utah Department of Health (UDOH) and CDC recommends the following measures:
 - Upon learning that a resident, worker, volunteer, or visitor of the assisted living facility has COVID-19, immediately ask the person to self-isolate and contact local health department officials at 1-888-EPI-UTAH (as a backup, call UDOH by dialing “0” on the call tree.).

- Identify and notify your local health department about any clusters of residents or workers with respiratory illness (e.g., 2 or more persons with onset of respiratory symptoms within 72 hours). Local health officials will help determine the appropriate course of action for risk assessment, arrange testing for COVID-19 if needed, and public health management in the facility or community.
- In coordination with local health officials, communicate the possible COVID-19 exposure to all residents and workers, volunteers, and visitors. This can be done by placing signage in common areas and entrances/exits and by letter to all residents. Residents could be advised to inform their recent personal visitors of potential exposure.
- Maintain confidentiality as required by the Americans with Disabilities Act (ADA) and Health Insurance Portability and Accountability Act (HIPAA).
- Messages should attempt to counter potential stigma and discrimination. See: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html>.
- Following cleaning and hygiene guidelines for facilities where someone is sick. See: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html>.
- Ask asymptomatic residents who have been exposed to COVID-19 to stay in their room and self-monitor for symptoms for 14 days and report to staff immediately if they become ill.
 - Self-monitoring means a person takes his/her temperature twice a day and pays attention to cough or difficulty breathing. If a resident feels feverish or his/her temperature is 100.4°F/38°C or higher, they have a cough, or difficulty breathing during the self-monitoring period, the following actions will help prevent spreading further illness:
 - Stay in isolation in his/her room.
 - Limit contact with others.
 - Report their illness to assisted living facility administrators.
 - Seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation or COVID-19 testing is needed and to assist with arranging for testing.
 - Follow CDC guidance on when to discontinue isolation. See: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.
- Administration should develop plans for isolation and cohorting of COVID-19 patients and how this will be communicated to the other residents of the facility. Staff who will provide care to symptomatic COVID-19 patients should be selected ahead of time and trained on use of available PPE.

Additional Resources

Strategies to Prevent the Spread of COVID-19 in Assisted Living Facilities:

<https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/guidance-retirement-response.html>

Resources for Healthcare Facilities:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Updates for State Surveyors and Accrediting Organizations:

<https://www.cms.gov/medicare/quality-safety-oversight-general-information/coronavirus>

Coronavirus–Infection Control:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>