



Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Residential Assisted Living Facilities

Older adults with underlying chronic medical conditions are at the highest risk of having serious health consequences associated with coronavirus disease 2019 (COVID-19). Residential assisted living facilities in Idaho should be taking steps to implement infection control and prevention strategies to minimize the introduction and spread of COVID-19 within their facilities.

Prompt detection, triage and isolation of residents potentially infected with the virus that causes COVID-19 are essential measures to prevent unnecessary exposures among residents, facility staff, and visitors at the facility. **Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among residents or facility staff should immediately contact their local health department for further guidance.**

Facilities should contact an individual resident's medical provider immediately if they have clinical questions or concerns about that resident and contact their local health department if they suspect a resident has COVID-19. A map of the local public health districts and their contact information can be found here: <https://coronavirus.idaho.gov/contact/>.

Furthermore, we recommend that, to the extent possible, all residential assisted living facilities immediately implement the Centers for Medicare & Medicaid Services (CMS) "[Guidance for Infection Control and Prevention of Coronavirus 2019 \(COVID-19\) in Nursing Homes](#)" with regard to visitors and staff.

Facilities should review the guidance in detail. Key points include:

- All facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation.
- Decisions about visitation during a compassionate care situation (e.g., end-of-life) should be made on a case-by-case basis, which should include screening the visitor for fever or respiratory symptoms. Those with symptoms should not be permitted to enter the facility at any time. Visitors who are permitted to enter should perform hand hygiene, use Personal Protective Equipment (PPE) such as a facemask, and restrict their visit to the resident's room or other location designated by the facility.
- Communal dining and all group activities should be canceled, unless a distance of 6 feet or more can be maintained between residents.

- Active screening of residents and staff for fever and respiratory symptoms should be implemented.
- Facilities should communicate the visitation restrictions to individuals and non-essential health care personnel. In lieu of visits, facilities should offer alternative means of communication.

Decisions about whether a resident with suspected or confirmed COVID-19 can remain in a facility or be accepted back into the facility (if transmission-based precautions are still in effect) should be made on a case-by-case basis in consultation with the healthcare provider and the local public health district. These decisions should take into consideration the resident's clinical status and whether the facility can adhere to recommended infection and control practices. Having such residents remain, or be accepted back into, the facility should only be considered if the facility has a full-time nurse on site.

We encourage facilities to take advantage of resources that have been made available by CDC, CMS, and the American Health Care Association (AHCA) to guide implementation of infection control and prevention practices, including but not limited to:

- AHCA, How You Can Help Prevent the Spread of Coronavirus (COVID-19) in Long Term Care Facilities
https://www.ahcancal.org/facility_operations/disaster_planning/Pages/Coronavirus.aspx
- CDC, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- CDC, Infection prevention training
<https://www.cdc.gov/longtermcare/index.html>
- CDC, Resources for Health Care Facilities:
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC, What's New
<https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC, FAQ for COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>
- CMS, Guidance for Home Health Agencies
<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-concerning-coronavirus-disease-2019-covid-19-home-health>
- CMS, Guidance for Hospice Agencies
<https://www.cms.gov/files/document/gso-20-16-hospice.pdf>

In addition, monitor the [Idaho Official Resources for the Novel Coronavirus \(COVID 19\) website](#) for the most up-to-date information about COVID-19 in Idaho and links to additional resources.

Lastly, facilities should maintain communication with residents, their family and/or legal representatives and understand their individual needs.

In addition to the above guidance, the following information may be helpful:

Guidance for Limiting the Transmission of COVID-19 for RALFs:

- Review your facility's infection control policies and procedures with staff, outside agency personnel and residents.
- Post the telephone number to your local district health department in a place visible to staff.
- Communicate proactively with residents, staff, and other visitors regarding facility visitation policies and restrictions.
- Communicate proactively with staff about monitoring and reporting their own and resident symptoms. Provide guidance on when to stay home, and when to return to work.
- Assure strict adherence to infection prevention practices, including hand hygiene and respiratory etiquette.
- Remind staff and residents and post signage throughout the facility on some practical things we can all do to prevent the spread of any respiratory illness, such as cold or flu:
 1. Wash your hands often with soap and water for at least 20 seconds. Use of an alcohol-based hand rub with at least 60% alcohol can be used if hands are not visibly soiled.
 2. Avoid close contact with people who are sick.
 3. Avoid touching your eyes, nose, and mouth.
 4. Stay home when you are sick.
 5. Cover your cough or sneeze with a tissue, then throw it away.
 6. Clean and disinfect frequently touched objects and surfaces using regular household cleaning spray.

What are considerations for transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Any resident with suspected or confirmed COVID-19 infection should be discussed with that resident's healthcare provider and the local public health district. If the resident requires transfer to a hospital for a higher level of care, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions should be taken including placing a facemask on the resident during transfer. Pending transfer, place a facemask on the patient and isolate him/her in a room with the door closed.

Other considerations:

- Increase the availability and accessibility of alcohol-based hand sanitizer (ABHS), tissues, no-touch receptacles for disposal, and facemasks at facility entrances, common areas, etc.

- o Ensure ABHS is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies for staff to avoid sharing (e.g., pens, pads) and disinfect workplace areas frequently (nurse's stations, phones, internal radios, etc.).