



COVID-19

COVID-19 Guidance for Long-Term Care, Residential and Assisted Living Facilities Updated March 23, 2020

Alaska Department of Health and Social Services has developed this guidance to assist long-term and residential care facilities, including adult family homes in response to the novel coronavirus disease (COVID-19) outbreak. Patients over the age of 60 and those with chronic medical conditions appear to be at higher risk of severe illness from COVID-19. All facilities have experience managing respiratory infections (i.e. influenza) and should apply the same practices to manage COVID-19 illness.

We recommend that you review the guidance and resources at the CDC website on a daily basis at www.cdc.gov/covid19.

Based on CDC guidance, we recommend taking the following measures:

1. Make sure that everyone (residents, staff, medical providers) is following basic infection prevention practices:
 - a. **Wash your hands** often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing or sneezing. Care providers should wash their hands before and after each resident contact.
 - b. If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
 - c. **Avoid touching your eyes, nose and mouth** with unwashed hands.
 - d. **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash. Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
2. **Make your plan.** Review and update your infection control or influenza plan to include what you need to do for COVID-19. If you do not have a plan, a planning checklist can be found here: www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

We recommend your plan include A-E:

A. Facility supervisors and public health partners to answer questions or assist staff:

1. Facility supervisor name: _____ Phone: _____
2. Medical Support/consult (RN, NP or other): _____
3. Local Health Department: _____ Phone: _____
4. State Public Health Department: Epidemiology Phone: 907-269-8085

- B. Staff actively watch for symptoms of respiratory illness (fever, cough, shortness of breath) in residents, know how to use the appropriate personal protective equipment (PPE) and know whom to call (e.g., supervisor, medical support) if they need assistance or have questions.
 - 1. Monitor residents at least twice a day for symptoms of respiratory illness. Take their temperature, assess for symptoms (e.g., fever, cough, shortness of breath). Use a pulse oximeter (if available) to determine any changes in the residents oxygenation levels and their ability to breathe easily.
 - 2. We recommend the use of a worksheet such as the one below to document information about ill residents.
<https://spice.unc.edu/wp-content/uploads/2017/03/Respiratory-Tract-Infection-Worksheet-McGeer-SPICE.pdf>
 - 3. Follow instructions from your local or state health department if you have a resident that is a **confirmed** (ill and tested positive) case of COVID-19.
- C. Screen all staff at the beginning of the shift by taking their temperature and assessing for respiratory illness symptoms (e.g., fever, cough, etc.).
 - 1. If staff member has symptoms of a respiratory illness and/or fever, put a mask on them and send them home.
 - 2. Reinforce sick leave policies. Remind staff not to report to work when ill.
 - 3. Develop a plan to meet minimum staffing needs and prioritize critical services to meet your resident's needs.
 - 4. Do not report ill staff members to the health department, send ill staff home and follow instructions from your supervisor.
 - 5. Follow instructions from your local or state health department if you have a staff member that is a **confirmed** (ill and tested positive) case of COVID-19.
- D. Restrict all visitors and determine how to communicate those limitations.
 - 1. Determine essential visitors (i.e. nurse, medical provider) that will be allowed into the facility.
 - a. Screen them for a fever, cough or other illness symptoms.
 - b. Ask ill visitors to not enter the facility and to visit by phone or other means.
 - 2. Communicate with visitors why restrictions are in place and how important it is to protect residents.
 - 3. If your facility has an agreement with local emergency medical services (EMS) for medical support, additional screening for a respiratory illness (fever, cough) by your staff may not be necessary. Check with your supervisor to know who must be screened upon entry to your facility.
- E. Cancel all group activities and communal dining. Alternatives to canceling all communal dining may include having fewer residents in dining area at the same time and keeping a 6 foot distance between them.
- F. Plan for managing symptomatic or ill residents using one or more of the following strategies:
 - 1. Review how you will evaluate an ill resident in your facility. Identify the supervisor or medical provider for your facility.

2. Implement appropriate precautions for a resident who has symptoms of a respiratory illness: droplet (staff wears a mask), contact (staff wears a gown and gloves) and eye protection (face shield or goggles).
 3. Train staff how to properly put on PPE and take it off. Hand washing or use of hand sanitizer must be done before and after removing PPE.
 4. Confine ill residents and exposed roommates to their rooms. Residents with known or suspected COVID-19 do not necessarily need to be placed into an airborne infection isolation room (AIIR), but should ideally be placed in a private room with their own bathroom.
 5. Place ill residents together in one area of the facility.
 6. Close rooms or unit to new admissions if you have ill residents with suspected or confirmed COVID-19. Separate ill residents and well residents as best as possible within your facility.
 7. Assign staff to care for the ill or well resident unit to prevent transmission between those who are ill and those who are well.
 8. Alternative care sites may be available for suspected or confirmed COVID-19 residents. Maintain situational awareness in your community for any changes issued by public health.
- G. Increase cleaning and disinfection procedures. Use a two-step process that includes first cleaning surfaces with a detergent to remove any dirt/grime and then apply an EPA-registered disinfectant (link: www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) as indicated on the product's label. High-touch surfaces (e.g., door handles, tables, light switches, countertops, toilets, faucets, sinks, phones, etc.) should be cleaned and disinfected frequently throughout the day.
3. If a resident is referred to a hospital, you will need to coordinate transport with the hospital and the medical transport service (EMS) to ensure the resident can be safely transported and received by the hospital.
 4. When your resident is ready to be discharged, coordinate with your supervisor and the hospital to determine any infection control precautions to take in your facility.
 5. Stay up to date with current Alaska-specific guidance at coronavirus.alaska.gov.

Online Resources:

1. CDC COVID-19: www.cdc.gov/covid19
2. CDC COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings Checklist: www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf
3. CDC infection control practices: www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
4. CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html
5. CDC stay home if sick CDC guidance: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html