

CHECKLIST: PREPARATION FOR COVID-19 IN ASSISTED LIVING FACILITIES

This checklist has been developed to guide assisted living facility COVID-19 preparation and response. The checklist can be utilized in conjunction with the previously issued guidance on [Idaho Rebounds: Protocols for Long-term Care Facilities](#). The Centers for Disease Control and Prevention (CDC) also has COVID-19 guidance for [assisted living facilities](#) and [memory care units](#). These and other documents can help you to prepare for the possibility of COVID-19 cases in your facility. If you have questions related to your infection prevention program, please contact the state healthcare associated infection program at HAI@dhw.idaho.gov for consultation.

EDUCATION and COMMUNICATION

- We provide education on COVID-19 to all residents, family, and staff, which includes symptoms, how the SARS-CoV-2 virus is spread and what the facility is doing to prevent spread of the virus
- We educate healthcare personnel (HCP) and residents on the use of face masks for source control while in the facility
- We educate HCP and residents on the use of alcohol-based hand rub (ABHR) and soap and water for hand hygiene (including recommendations on technique, when to use and when each hand hygiene method is preferred)
- We educate HCP on the use of all personal protective equipment (PPE) that may be needed for the care of residents (including indications for use and proper donning and doffing)
- We educate staff with any role in cleaning and disinfecting surfaces on the use of these products, including safe use and contact times
- We communicate any changes to the facility visitation policies to residents, families, resident advocates, facility staff and outside agencies in a timely manner
- We notify residents, families, resident advocates, facility staff and outside agencies of SARS-CoV-2 positive tests (staff or residents) in our facility in a timely manner
- If applicable, we inform residents, families and advocates in advance, that our floorplan or other factors do not allow us to care for residents who test positive for SARS-CoV-2, and that those residents will need to be transferred to another facility

NON-RESIDENT SCREENING

- We screen our healthcare personnel at the beginning of each shift and any other person entering the facility for symptoms of COVID-19 disease, fever (temperature >100°F) and exposure to a positive SARS-CoV-2 individual using CDC's currently recognized [symptoms of COVID-19 disease](#)
- Persons that screen positive for COVID-19 symptoms, fever or exposure history are not allowed into the facility

- We test HCP who screen positive or who develop fever or symptoms of respiratory infection or other COVID-19 symptoms as soon as possible; they are not to return to work until that SARS-CoV-2 test result has returned negative or they have met return to work criteria if they test positive for the virus
- Our sick leave policies are non-punitive, flexible, and consistent with public health policies that support HCP to stay home when ill

TESTING and REPORTING

- We have a plan to strategically test staff and residents as indicated in the [Testing Strategy for Long-Term Care Facilities in Idaho](#)
- We have set up safe testing processes following [CDC guidance](#)
- We have access to PCR testing
- We have a system in place to report *any positive* test from a resident or staff (regardless of test type) to our [local public health district within one working day](#). Our public health district contact name and number is: _____

If your facility chooses to use rapid antigen testing, see guidance below:

- We use or have a plan in place to use rapid antigen tests (as available) that aligns with the Idaho guidance on [rapid antigen test use and reporting](#)
- We have a system in place to report *all* rapid antigen test results (positive and negative) to the Idaho Department of Health (contact epimail@dhw.idaho.gov for information). If access is available, the National Healthcare Safety Network ([NHSN](#)), a national healthcare infection tracking system can also be used for reporting
- All symptomatic residents with a negative rapid antigen test are placed on transmission-based precautions until a confirmatory negative PCR test is obtained; they are to remain on transmission-based precautions if the PCR test is positive

RESIDENT CARE

- We evaluate residents at least daily for [symptoms of COVID-19](#) and/or fever and increase the frequency of screens to 3 times per day if an outbreak has been confirmed
- We have a system in place to record resident screens and our response if there is a positive screen
- We maintain a line list for active monitoring of residents during a suspected respiratory illness cluster or outbreak and we share this line list with our local public health district upon request
- If a resident is showing symptoms of COVID-19, we place the resident on transmission-based (isolation) precautions immediately
- We provide medical evaluation for residents as indicated and transfer if we cannot provide the level of care needed for that resident
- All residents are asked to stay in their rooms during an outbreak; if residents leave their room, they are encouraged to wear face coverings

- We have evaluated our floorplan and have identified an area that could serve as a COVID-19 unit; if this is not feasible, we have notified residents, families and advocates that we may need to transfer residents
- We have a plan to dedicate staff to work with SARS-CoV-2 positive residents exclusively
- We have communicated with alternative care sites that will accept COVID-19-positive residents if we need to transfer them
- We have a visitation policy that follows the [Visitation Guidelines for Long-term Care Facilities](#) and the [Holiday Visitation Guidance for Long-term Care Facilities](#)
- We do not allow visitation (except for compassionate care), congregate dining or other congregate activities when there is an ongoing outbreak in our facility
- For congregate dining or activities when there is no outbreak, we maintain 6 feet of separation among residents and encourage face coverings
- We provide support for virtual visits and [promote ways to keep residents engaged](#)

SOURCE CONTROL

- We require all staff, visitors, volunteers, and any other non-resident individual in the facility to wear a face covering while in the facility at all times (with a few exemptions), per the [Mandatory Use of Face Coverings in Long-term Care Facilities in Idaho](#) governor order
- We encourage all residents to wear face coverings when outside of their room
- We encourage at least 6 feet of distance both among residents and between residents and volunteers and visitors
- We require at least 6 feet of distance between staff when possible, especially when they remove their masks for activities such as eating or smoking

INFECTION PREVENTION

- We implement appropriate infection control procedures immediately as directed by the local health authority (ALF rule 335.03)

We place the following residents in transmission-based precautions for SARS-CoV-2

- SARS-CoV-2 positive residents
- Residents with symptoms consistent with SARS-CoV-2
- All residents on the unit or in the facility, if there are any SARS-CoV-2 positive resident or staff cases in the facility
- Newly admitted residents
- Residents on transmission-based precautions for observation
- Symptomatic residents with a negative rapid antigen test (see instruction under rapid antigen test above)

Transmission-based precautions for SARS-CoV-2 include

- A sign on the door

- Resident room door remains closed (if possible)
- An N-95 respirator (or face mask if a respirator is not available), eye protection, gown (for direct resident care) and gloves are used with each resident interaction
- [CDC guidance](#) on conventional, contingency and crisis PPE use (including reuse and extended use) is followed
- Hand hygiene in the donning and doffing processes is appropriate and we have considered necessary modifications when these processes include PPE reuse and extended use
- We continue transmission-based precautions until COVID-19 has been ruled out or the resident has met [CDC criteria for Discontinuation of Transmission-Based Precautions for SARS-CoV-2 Infection](#)

Hand Hygiene

- There is access to ABHR both within resident rooms (as appropriate) and outside of rooms and in common areas
- Staff are audited to ensure that hand hygiene is being performed appropriately
- All sinks are stocked with soap and paper towels

PPE

- N-95 respirators or medical quality face masks are used by HCP for all staff in the facility
- Eye protection is being used for all SARS-CoV-2 positive residents and for SARS-CoV-2 positive and negative residents when the facility is in an area with sustained community transmission per [CDC guidance](#) (under “Implement Universal Use of Personal Protective Equipment”)
- All residents on a unit/facility with a SARS-CoV-2 positive resident or staff member are placed on transmission-based precautions
- Gloves and gowns, in addition to the recommended use of eye protection and N-95 respirator or face mask is considered for the care of all residents when there is sustained transmission in the community.
- PPE supplies are adequate and are available at the point of care
- There are waste receptacles for disposal of PPE located where PPE are removed
- Audits are in place to ensure that HCP are using PPE at the appropriate time, are donning and doffing according to procedures, and are performing hand hygiene appropriately during the process
- We are tracking the rate of our [PPE use](#)
- We know how to request additional PPE from the [Idaho Emergency Operations Center](#)
- We are able to fit-test our HCP for N-95 respirators if available
- If HCP need to be in the resident room to perform aerosol-generating procedures, they have access to a fit-tested N-95 respirator. For examples of aerosol generating procedures, see the [CDC FAQ document](#), under the Infection Control section

Staff management

- Policies on symptomatic and asymptomatic HCP with a positive SARS-CoV-2 test follow [Return to Work Criteria for HCP with SARS-CoV-2 Infection](#)
- Staffing policies follow staff mitigation strategies per [CDC guidance](#)
- We maintain a line list for active monitoring of staff during a suspected respiratory illness cluster or outbreak

Cleaning and disinfection

- We are cleaning and disinfecting high touch surfaces using products from the [EPA List N](#) at least daily
- Our staff are aware of our disinfectant contact time and understand that surfaces must remain wet for that length of time
- Environmental cleaning and disinfection practices are audited to ensure that staff are following policies

RESOURCES

Idaho-specific guidance

Idaho resources and data: <https://coronavirus.idaho.gov/>
Long-term care facility-specific: <https://coronavirus.idaho.gov/ltc/>
Public health district contact information: <https://healthandwelfare.idaho.gov/health-wellness/community-health/public-health-districts>
PPE requests:
<https://survey123.arcgis.com/share/9c50dac7187848d19b3a11bad25b61a8>
Assisted Living Facility Q&A: https://coronavirus.idaho.gov/wp-content/uploads/2020/11/11_9_20-COVID-19-FAQs.pdf

Visitation and reopening guidance

Idaho long-term care visitation guidance: <https://coronavirus.idaho.gov/wp-content/uploads/2020/10/Visitation-Guidelines-for-Long-term-Care-Facilities-FINAL.pdf>

CDC infection prevention guidance

Nursing homes and LTC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>
Preparing for COVID-19 in nursing homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
Memory care units: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>
Assisted Living Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

PPE and hand hygiene education videos

World Health Organization PPE video: <https://openwho.org/courses/IPC-PPE-EN/items/7a9MooFBPtCZNPJBeqiUdZ>.
CDC - PPE: <https://www.youtube.com/watch?v=YYTATw9yav4>
CDC - Hand hygiene: <https://www.youtube.com/watch?v=xmYMUly7qiE>

CDC videos for staff education

Surface disinfection: <https://www.youtube.com/watch?v=t70H80Rr5Ig>

Monitoring residents: <https://www.youtube.com/watch?v=1ZbT1Njv6xA>

Keep COVID-19 out!: <https://www.youtube.com/watch?v=7srwrF9MGdw>

Testing guidance

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

Idaho – testing strategy: https://coronavirus.idaho.gov/wp-content/uploads/2020/06/LTCF-Testing-Strategy-FINAL-2020_6_3.pdf

Idaho – rapid antigen tests: https://coronavirus.idaho.gov/wp-content/uploads/2020/10/Use-of-RATs-in-Idaho-LTCFs-FINAL-2020_Oct_20.pdf

Transmission-based Precautions for COVID-19¹

Resident Situation	N-95 ³ or other respirator ⁴	Face mask	Eye protection	Gown	Gloves	Door
Aerosol-generating procedures ² (if staff are in resident room)	N-95		Yes	Yes	yes	closed
SARS-CoV-2 positive	If available	Yes, if N-95 is not available	Yes	Yes	Yes	closed
Symptoms of COVID-19						closed
New admissions						closed
Residents on observation						closed
All residents on unit with SARS-CoV-2 positive resident or staff						closed
All residents -when there is sustained community transmission	If available	Yes, if N-95 is not available	Yes	Consider	Consider	
All residents – when there is minimum to moderate community transmission	If available	Yes	For splash or spray exposure	For splash or spray exposure	For exposure to blood/body fluids	

1. Use the PPE listed below in addition to any other transmission-based precaution recommendations for other infectious conditions
2. For examples of aerosol generating procedures, see the [CDC FAQ document](#), under the Infection Control section
3. N-95 masks should be fit-tested if possible; Recommend use of the [User Seal Check](#) when donning N-95 masks (with hand hygiene prior to and following the user seal check)
4. Please see the [FDA list of acceptable respirators](#) and PPE under emergency use authorization