



**Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19)  
in Residential Assisted Living Facilities  
*Revised April 10, 2020***

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 respiratory illness (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 the CMS/Centers for Disease Control and Prevention (CDC) "[COVID-19 Long-Term Care Facility Guidance, April 2, 2020](#)" with regard to screening, personal protective equipment (PPE), and staffing.

Facilities should review the guidance documents 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.
- 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 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.
- Every individual (including residents, staff, vendors, etc.) who enters a facility (except EMS responding to an urgent medical need) should be asked about COVID-19 symptoms and have their temperature checked. All accessible entrances should have a screening station.
- Every resident of a facility should be assessed for symptoms and have their temperature checked daily.
- Facilities should reference separate guidance on the [coronavirus.idaho.gov](https://coronavirus.idaho.gov) website regarding screening individuals prior to admission with testing, if available.
- For the duration of the state of the emergency in Idaho, all facility personnel should wear a facemask while they are in the facility. A medical facemask is preferred. However, if there are no known cases of COVID-19 in the facility, and the mask is therefore being worn by staff for source control only (i.e., to decrease the risk that an asymptomatic staff member will unknowingly transmit the virus to a resident or another staff member), a [cloth face covering](#) may be used if medical facemasks are not available. **Importantly, if a facility has a resident with known or suspected COVID-19, a cloth face covering is no longer adequate**, and previously issued [guidance](#) regarding appropriate PPE should be followed.
- When possible and only if tolerated by the resident, all residents, regardless of symptoms, should cover their nose and mouth with a tissue or use a cloth face covering when staff are in their room.
- Assisted living facilities should familiarize themselves with staffing recommendations found in the [CMS/CDC guidance](#) regarding consistent assignment of staff to certain residents and separation of residents with known or suspected COVID-19 from residents who are COVID-19 negative. Assisted living facilities should comply with those recommendations to every extent possible.

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, whether the facility can adhere to recommended infection prevention and control practices, and whether there is a facility nurse on site or immediately available by phone or in person.

If, in consultation with the public health district, facilities do not feel that they can safely keep residents with suspected or confirmed COVID-19 in the facility, and the resident does not require hospital-level care, they may want to contact Jamie Simpson at the Department of Health and Welfare Division of Licensing and Certification at (208) 364-1959 for information about possible bed availability in other facilities that are able to accept patients with known or suspected COVID-19.

Facilities that have no known COVID-19+ residents should not accept any *new* residents who are known to be COVID-19+ and are still on transmission-based precautions. Such individuals can be considered for admission once transmission-based precautions are lifted.

In addition, because of the importance of slowing the spread of the COVID-19 virus, facilities should educate residents, families, and staff about Governor Little's [Statewide Stay-Home Order](#).

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](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, respiratory etiquette, and use of facemasks at all times.
- 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.
  7. Wear cloth face coverings in public settings where other social distancing measures are difficult to maintain.

### **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.).