

CHECKLIST: PREPARATION FOR COVID-19 IN ASSISTED LIVING FACILITIES

This checklist has been developed to guide assisted living facility COVID-19 preparation and response, based on the guidance referenced below, as well as the [Community Prevention Strategies Based on COVID 19 Community Levels](#). These and other documents can help you prepare for and respond to COVID-19 cases in your facility. For clarification or questions, please contact your local health district authority. Additionally, report all positive cases immediately to the local health district authority and immediately implement appropriate infection control procedures as directed by them.

The safest practice for Residential Assisted Living Facilities is to follow infection prevention and control recommendations for healthcare facilities as outlined in CDC guidance:

- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 COVID-19](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 infection or Exposure to SARS-CoV-2](#)

EDUCATION AND COMMUNICATION

- We provide education on COVID-19 to all residents, family, and facility staff, which includes [symptoms](#) of COVID-19, how the SARS-CoV-2 virus is spread, and what the facility is doing to prevent spread of the virus
- We educate facility staff, families, and residents on the use of face masks, and social distancing (maintaining 6 feet physical distance between others, when feasible) for source control
- We provide education on COVID-19 vaccinations to all residents, families, and facility staff, including recommendations on being “up to date” per CDC guidance <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>, benefits of vaccination, safety information, and side effects (Link to most recent vaccine recommendations under References below). We ensure our residents have access to COVID-19 vaccines if they wish to be vaccinated (either with the primary series or booster, as indicated).
- We educate facility staff, families, and residents on the use of alcohol-based hand sanitizer (with at least 60% alcohol) and soap and water for hand hygiene (including recommendations on technique, when to use, and when each hand hygiene method is preferred)
- We educate facility staff 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 (putting on) and doffing (removal) per CDC (Donning COVID-19 PPE <https://www.youtube.com/watch?v=H4jQUBAIBrl>. CDC link for doffing COVID-19 PPE: <https://www.youtube.com/watch?v=PQxOc13DxvQ>)
- We educate all facility staff on the use of cleaning and disinfecting products, including safe use and contact times (time the surface is wet with the product – see [EPA List N](#))
- We notify residents, families, resident advocates, facility staff, and outside agencies of SARS-CoV-2 positive tests (facility staff or residents) in our facility in a timely manner
- We notify prospective residents, families, and resident advocates of the outbreak status of the facility and our outbreak policies and plans
- 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 discharged to another facility

NON-RESIDENT SCREENING

- We follow our policy to record symptom screens and our response if there is a positive screen
- We have policies on symptomatic and asymptomatic facility staff with a positive SARS-CoV-2 test that follow the CDC [Return to Work Criteria](#) as directed by the local health district authority
- We have sick leave policies that are non-punitive, flexible, and consistent with public health policies that support facility staff to stay home when ill

TESTING AND REPORTING

- We report the name of any resident or facility personnel with COVID-19 to the local health district authority
- We implement all testing recommendations as directed by the local health district authority after any positive COVID-19 test is suspected or reported
- We contact our local health district authority for guidance regarding conflicting SARS-CoV-2 test results
- We encourage facilities in counties with medium or high levels of community transmission to offer testing to visitors, if feasible, or to encourage visitors to be tested on their own before coming to the facility (e.g., within 2-3 days).
- We perform screening testing per facility policy and when Community Level is Medium or High per CDC [Community Prevention Strategies Based on COVID 19 Community Levels](#).

If your facility chooses to use rapid antigen testing:

- We use or have a plan in place to use rapid antigen tests (as available) in alignment with the CDC guidance on rapid antigen test use and reporting guidance found in the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 COVID-19 Pandemic](#)
- We have a system in place to report to report positive rapid antigen test results to the Idaho Department of Health (contact epimail@dhw.idaho.gov for information)

RESIDENT CARE

- We counsel each resident regarding strategies to protect themselves and others, based on guidance found at [Community Prevention Strategies Based on COVID 19 Community Levels](#) including recommendations to wear a high-quality mask or respirator when indoors if they are immunocompromised or at high risk for severe disease
- We offer COVID-19 vaccinations to all residents
- We place residents on COVID-19 isolation precautions after a positive SARS-CoV-2 test as instructed by the local health district authority
- We monitor and test residents for even mild [symptoms of COVID-19](#) and/or fever and follow the recommendations as directed by the local health district authority
- We follow our policy to record resident symptom screens and our response if there is a positive screen
- We maintain a list for active monitoring of residents during a suspected respiratory illness cluster or outbreak and we share this list with our local health district authority upon request
- We consider staffing levels, PPE supply, testing supplies, etc. when deciding if we can safely accept a new admission
- We provide medical evaluation for residents as indicated and discharge if we cannot provide the level of care needed for that resident
- We follow the recommendations from the local health district authority to determine when residents need to be restricted to their rooms during an outbreak

- We have a plan to dedicate facility staff to work with SARS-CoV-2 positive residents exclusively
- We allow communal dining and activities at all times, unless otherwise directed by the local public health district. During an outbreak, we allow residents who have recovered from COVID-19 and meet criteria for discontinuation of transmission-based precautions to gather communally for activities and dining. We evaluate the participation in communal activities of other residents based on [CDC guidance](#), recommendations of our local public health district, and communication with residents and families.
- We allow communal activities for holiday celebrations. However, we counsel residents and visitors about the risks of communal activities, and we adhere to the core principles of infection prevention, particularly the use of face masks and physical distancing.
- We provide support for virtual visits and communication/messaging opportunities and [promote ways to keep residents engaged](#)

Outing Recommendations

- We provide supplies (hand sanitizer and face masks) to comply with infection prevention practices, if feasible

VISITATION

- We allow visitation at all times as per IDAPA 16.03.22, including visits from essential caregivers as defined in [Idaho Code § 39-9803](#) and those required under federal disability rights law, regardless of a resident's vaccination, infection, or quarantine status, the county's COVID-19 transmission level, or a facility outbreak. Visitors will be expected to adhere to reasonable restrictions such as outlined in [Idaho Code § 39-9803](#) and core principles of infection prevention so as not to put other residents at risk.
- We have a visitation policy to include educating visitors on facility infection control practices to follow during their visit based on the guidance [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 COVID-19 Pandemic](#).
- We provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
- We recommend hand hygiene during the visit (use of alcohol-based hand rub is preferred).
- We recommend visitors wear face coverings or masks (covering mouth and nose) in accordance with CDC [guidance for healthcare facilities](#).
- We provide instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene).
- We encourage screening testing of visitors when COVID-19 Community Levels are Medium or High, offer testing if feasible, or encourage visitors to be tested on their own before coming to the facility (e.g., within 2-3 days).
- We clean and disinfect high-frequency touched surfaces in the facility often and designated visitation areas after each visit.
- We consult with our local public health district when we have questions about how to ensure safe visitation.
- We facilitate outdoor visitation, if feasible.
- We allow visitors for residents who are on transmission-based precautions (TBP) or quarantine.

However, these visits must occur in the resident's room, and visitors must be educated regarding the potential risk and ways to decrease that risk.

SOURCE CONTROL

- We implement prevention strategies at all [community levels](#) (Low, Medium and High):
 - Promote equitable access to vaccination, testing, masks and respirators prevention medication, community outreach, and support services. The safest practice is for everyone to wear masks, covering the nose and mouth, at all times. We especially encourage a high-quality mask when the COVID-19 Community Level is Medium or High per CDC [Community Prevention Strategies Based on COVID 19 Community Levels](#) since assisted living residents can be at high risk of severe illness.
 - Ensure access to testing
 - Maintain [ventilation improvements](#)
 - Provide communications and messaging among residents who test positive
- We have a plan to ensure visiting or shared healthcare personnel who enter the residential care facility to provide care to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) follow the recommendations found in the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 COVID-19](#)
- We ensure staff in the residential care setting who are providing in-person services for a resident with a SARS-CoV-2 infection, are familiar with recommendations found in the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 COVID-19](#) to protect themselves and others from potential exposures including the hand hygiene, personal protective equipment and cleaning and disinfection practices

INFECTION PREVENTION AND CONTROL

- We recommend hand hygiene (use of alcohol-based hand rub is preferred).
- We encourage vaccination among our residents, staff, and visitors.
- We provide instructional signage throughout the facility and proper visitor education on COVID- 19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene).
- We clean and disinfect high-frequency touched surfaces in the facility often and designated visitation areas after each visit.
- Our staff use appropriate Personal Protective Equipment (PPE), when indicated.
- We implement appropriate infection control procedures immediately as directed by the local health authority ([IDAPA 16.03.22.335.03](#)) after reporting an outbreak
- We have policies on infection prevention and control as required by [IDAPA 16.03.22.335](#)
- We follow the guidance [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 infection or Exposure to SARS-CoV-2](#) for staff during an outbreak

Transmission-based precautions for SARS-CoV-2 (During an outbreak)

- We keep the doors to resident rooms closed (if possible) for those with [symptoms of COVID-19](#) or a positive SARS-CoV-2 test
- We cohort or otherwise isolate residents with COVID-19, so that they do not expose others.
- Staff use an N95 respirator (or face mask if a respirator is not available), eye protection, gown (for direct resident care), and gloves for interactions with residents who have tested positive (or have symptoms)

- Asymptomatic residents who have been exposed to an individual with [symptoms of COVID-19](#) or a positive SARS-CoV-2 test do not require transmission-based precautions, except under certain circumstances found in the guidance [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 COVID-19](#)
- We follow [CDC guidance](#) on conventional, contingency, and crisis PPE use (including reuse and extended use) when PPE supply is insufficient
- For symptomatic residents or those who test positive for SARS-CoV-2, 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](#) , respectively.

Hand Hygiene

- We have access to alcohol-based hand sanitizer within resident rooms (as appropriate), outside of rooms and in common areas
- We audit facility staff to ensure that hand hygiene is being performed appropriately, including handwashing when visibly soiled, after using the restroom or after working with a resident with diarrhea
- We ensure all sinks are stocked with soap and paper towels
- We have policies on infection prevention and control (required by [IDAPA 16.03.22.335](#)) which address hand hygiene

PPE

- [NIOSH-approved](#) N95 respirators, eye protection, a gown and gloves are used when interacting with a resident who is symptomatic or has tested positive, or as directed by the local health district authority
- We are able to fit-test our facility staff for N95 respirators, if available. We recommend use of the [User Seal Check](#) when donning N95 masks (with hand hygiene prior to and following the user seal check). If fit-tested respirators are not available, we are using well-fitting face masks as described in the Personal Protective Equipment section of the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 COVID-19](#) or as directed by the local health district authority
- When eye protection is used, we clean it first on the inside with a neutral detergent cloth or wipe followed by cleaning and disinfecting the outside of the eye protection; we clean and disinfect when visibly soiled, difficult to see through, or prior to storage
- We have policies on infection prevention and control (required by [IDAPA 16.03.22.335](#)) which address PPE
- We have sufficient PPE supplies for all facility staff for 7 days, and PPE are available where needed
- We have provided waste receptacles for disposal of PPE located where PPE are removed
- We have audits in place to ensure facility staff 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](#) and ensure sufficient supply is available for use
- If facility staff need to be in the resident room to perform aerosol-generating procedures during an outbreak, they have access to a fit-tested N95 respirator (for examples of aerosol-generating procedures, see the [CDC FAQ document](#))

Cleaning and Disinfection

- We are cleaning and disinfecting high-touch surfaces using products from the [EPA List N](#) at least daily
- We audit environmental cleaning and disinfection practices to ensure that facility staff are following policies, including proper disinfectant contact time

Staff Management

- We offer COVID-19 vaccinations to all facility staff
- We follow work restriction guidelines for facility staff with high-risk exposures to SARS-CoV-2 per CDC [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 infection or Exposure to SARS-CoV-2](#) during an outbreak as directed by the local health district authority
- We have policies for mitigating staff shortages during outbreaks (follow CDC [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)) but will contact Licensing and Certification and the local Health District for approval, prior to implementing contingency or crisis staffing patterns.

RESOURCES

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.

Idaho Information

Idaho resources and data: <https://coronavirus.idaho.gov/>
Long-term care facility-specific: <https://coronavirus.idaho.gov/ltc/>
Report positive rapid antigen test results to the Idaho Department of Health (contact epimail@dhw.idaho.gov)
Infection Prevention Specialist, Idaho Division of Public Health: Tina Loch, RN Cell: 208-803-1234 or Christina.Loch1@dhw.idaho.gov
Public Health District Contact Information: <https://healthandwelfare.idaho.gov/health-wellness/community-health/public-health-districts>
PPE and facility staff support requests: Contact your local health district authority
PHD 1: Nick Mechikoff NMechikoff@phd1.idaho.gov or Alexa Ricks aricks@phd1.idaho.gov 208-415-5180
PHD 2: Anna Olson 208-799-0387
PHD 3: Lekshmi Rita Venugopal lekshmi.venugopal@phd3.idaho.gov 208-593-1413
PHD 4: Megan Crutchfield MCrutchfield@cdh.idaho.gov 208-296-8055
PHD 5: Brenda Mason bmason@phd5.idaho.gov 208-737-5915 or Tiffany Soran tsoran@phd5.idaho.gov 208-737-5941
PHD 6: Heather Flaherty COVIDrequest@siph.idaho.gov 208-239-5275
PHD 7: Troy Nelson tnelson@eiph.idaho.gov 208-533-3146

WHO PPE Education Video

World Health Organization PPE video: <https://openwho.org/courses/IPC-PPE-EN/items/7a9MooFBPtCZNPJBeqiUdZ>

Acceptable Respirators and PPE.

https://www2a.cdc.gov/drds/cel/cel_results.asp?startrecord=1&maxrecords=50&NCSearch=NCQS&QSearch=N95_FFR

CDC Guidance

[Community Prevention Strategies Based on COVID 19 Community Levels](#). Updated August 11, 2022. Accessed November 8, 2022.
Clinical Questions about COVID-19: Questions and Answers. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html> Updated September 26, 2022. Accessed November 8, 2022.
Doffing COVID-19 PPE: <https://www.youtube.com/watch?v=PQxOc13DxvQ>
Donning COVID-19 PPE <https://www.youtube.com/watch?v=H4jQUBAIBrI>.
Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 infection or Exposure to SARS-CoV-2](#) Updated September 23, 2022. Accessed November 8, 2022.
Interim Infection Prevention and Control Recommendations during the Coronavirus Disease 2019 (COVID-19) Pandemic. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. Updated September 23, 2022. Accessed November 8, 2022.

Stay Up to Date with COVID-19 Vaccines Including Boosters.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>. Updated November 1, 2022. Accessed November 8, 2022.

Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>. Updated December 29, 2022. Accessed November 8, 2022.

Symptoms of COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

Updated October 26, 2022. Accessed November 8, 2022.

COVID-19 Recommendations for Older Adults. <https://www.cdc.gov/aging/covid19-guidance.html>.

Accessed November 8, 2022.

People with Disabilities

<https://www.cdc.gov/ncbddd/humandevelopment/covid-19/people-with-disabilities.html>.

Personal Protective Equipment (PPE) Burn Rate Calculator.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

Updated March 24, 2021. Accessed November 8, 2022.

Strategies to Mitigate Healthcare Personnel Staffing Shortages. CDC.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>. Updated

September 23, 2022. Accessed November 8, 2022.

User Seal Check. CDC. [https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-](https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf?id=10.26616/NIOSH PUB2018130)

[130.pdf?id=10.26616/NIOSH PUB2018130](https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf?id=10.26616/NIOSH PUB2018130) Accessed November 8, 2022.

Ventilation in Buildings. CDC. [https://www.cdc.gov/coronavirus/2019-](https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html)

[ncov/community/ventilation.html](https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html). Updated June 2, 2021. Accessed November 8, 2022.

Supporting Your Loved One in a Long-Term Care Facility. CDC.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/supporting-loved-one-in-long-term-care-facility.pdf>. Accessed November 8, 2022.

List N Tool: COVID-19 Disinfectants. <https://cfpub.epa.gov/wizards/disinfectants/>

Rules/Statutes

Idaho Reportable Diseases: <https://adminrules.idaho.gov/rules/current/16/160210.pdf>

Residential Assisted Living Facilities: <https://adminrules.idaho.gov/rules/current/16/160322.pdf>

Essential Caregivers. Idaho Legislature, Idaho Statutes.

<https://legislature.idaho.gov/statutesrules/idstat/title39/t39ch98/sect39-9803/>.

Accessed November 8, 2022.

Testing Guidance

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2](https://www.cdc.gov/coronavirus/2019-ncov/hcp/interim-guidance-for-managing-healthcare-personnel-with-sars-cov-2-infection-or-exposure-to-sars-cov-2.html)

[infection or Exposure to SARS-CoV-2](https://www.cdc.gov/coronavirus/2019-ncov/hcp/interim-guidance-for-managing-healthcare-personnel-with-sars-cov-2-infection-or-exposure-to-sars-cov-2.html) Updated September 23, 2022. Accessed November 8, 2022.

Interim Infection Prevention and Control Recommendations during the Coronavirus Disease 2019 (COVID-19) Pandemic. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)

[recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html). Updated September 23, 2022. Accessed November 8, 2022.