COVID-19 Assisted Living, Residential Care and Adult Care Centers Guidance

Our priority is the health and safety of individuals living in or cared for in your facilities. The Department provides this guidance to facilities on infection control practices to prevent the spread of the virus. This is a rapidly evolving situation. Monitor your association communications and the OSDH Coronavirus web page for updates: https://coronavirus.health.ok.gov/.

KEY MESSAGE

- Communicate to your residents or clients and their families
- Monitor the latest CDC Guidance
- Practice vigilant infection control
- Screen your staff and anyone coming in the facility. Daily temperatures are recommended prior to shift. Some recommendations advise twice per eight hour shift
- If staff or residents show signs of symptoms, isolate them immediately
- Cancel communal dining and all group activities. In the alternative, stagger dining times to provide greater social distancing
- Provide alternative means of communications for residents and their families

GENERAL GUIDANCE

You may call Long Term Care during normal business hours at 405-271-6868 or 1-800-747-8419 to consult with a surveyor on best practices for infection control and employee screening. You may also call the OSDH Coronavirus Hotline is open 24 hours a day: 877-462-3821 or 2-1-1. Facilities should contact their health care provider first if they have clinical questions or suspect a resident in one of these settings to have COVID-19. Prompt detection, triage and isolation of residents/clients potentially infected with COVID-19 are essential to prevent unnecessary exposures among residents, facility staff, and visitors.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among residents or staff should immediately contact their local health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

GUIDANCE FOR LIMITING THE TRANSMISSION OF COVID-19 FOR ASSISTED LIVING, RESIDENTIAL CARE, AND ADULT CARE CENTERS

What can an Assisted Living, Residential Care, and Adult Care Center do to be prepared?

- Review your infection control policies and procedures.
- Assess your infection control supplies (regular surgical mask, gloves, gown, eye protection, cleaning and disinfecting solutions) which are all applicable to preventing the spread of illnesses such as influenza, COVID-19, and norovirus. See CDC guidance [Strategies for Optimizing the Supply of Personal Protective Equipment](#) .
- Review Infection Control Training courses with facility staff. Training may be located at: https://www.cdc.gov/infectioncontrol/; suggested training is the Nursing Home Infection Preventionist Training course and may be found at: www.cdc.gov/longtermcare/training.html
- Post the telephone number to your local health department in a place visible to staff. County HD information is here: https://chds.health.ok.gov
- 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.
- 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.

- <u>Cancel or restrict communal dining and all group activities</u>. A key reason for this recommendation is linked to the concept of social distancing (e.g., limiting people being in close proximity to each other for periods of time; ideally people should keep about six [6] feet apart). For those residents or participants that must be supervised at meal time; consider staggered meal service so that greater separation can be obtained.

How should facilities limit visitors?

Visitors are discouraged and may be restricted or denied. Communicate to families the danger that this virus presents to their loved one. <u>Pursuant to Governor Stitt's Executive Order 2020-06 and President Trump's declaration of a National Public Health Emergency, the Oklahoma State Department of Health is authorizing Assisted Living, Residential Care, and Adult Care Centers to restrict visitors as they deem necessary to protect those they serve.</u>

Visitors with signs and symptoms of a transmissible infection (e.g., a visitor has a fever (100.4) and are exhibiting signs and symptoms of a flu-like illness) should be <u>refused</u> entry until no longer potentially infectious (e.g., 24 hours after resolution of fever without medication).

Law enforcement should be notified when visitors access the property without authorization. Signage must be clearly posted.

Facilities should screen anyone entering the facility for the following:

1) Travel from an affected geographic area within the last 14 days. For updated information on affected geographic areas, visit https://coronavirus.health.ok.gov/ and https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html/

2) Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.

3) Has had contact with someone laboratory-confirmed for COVID-19.

Specifically, a facility may restrict or limit visitation rights for reasonable clinical and safety reasons. A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors.

How should facilities monitor or restrict facility staff?

The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above). As COVID-19 spreads, more and more staff will live in affected cities. Therefore, the daily temperature screenings will be critical.

- Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill HCP to stay home.
- As part of routine practice, ask health care personnel (HCP) (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection.
- Facility staff who have signs and symptoms of a respiratory infection should not report to work.
- Restrict nonessential healthcare personnel (including consultant personnel) and volunteers for entering the building.
- Screen all HCP at the beginning of their shift for fever and respiratory symptoms.
  - Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat.
  - If the HCP is ill, have them put on a facemask, notify their supervisor, leave the workplace, and self-isolate at home.
  - Report to the local health department individuals, equipment, and locations the affected person came in contact with, and follow the recommendations for next steps (e.g., testing, locations for treatment).
- Consult occupational health on decisions about further evaluation and return to work HCP who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.
- When transmission in the community is identified, assisted living facilities, residential care, and Adult Care Centers may face staffing shortages. Facilities should develop (or review existing) plans to mitigate staffing shortages.

- Refer to your local health department and the following CDC guidance for exposures that might warrant restricting asymptomatic facility staff from reporting to work: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

When should an Assisted Living, Residential Care, and Adult Care Center consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Facilities should contact their or the residents health care provider initially and then local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC and the local health department. (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html)

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to 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.

If a family is going against the recommended guidance and advice and takes the resident out into the community for a day trip, and then wants to bring them back, what should the facility do?

- Residents leaving and returning to the facility are discouraged. Seniors with multiple health conditions are at highest risk for serious complications from COVID-19.
- Facilities should consider policies that prohibit residents from leaving and returning to the facility during the period of the national emergency declaration. In the alternative, facilities should consider policies that require that any resident returning from an outing is subject to a 14 day quarantine in their room.

When should an Assisted Living, Residential Care, and Adult Care Center accept a resident who was diagnosed with COVID-19 from a hospital?

Facilities may accept a resident diagnosed with COVID-19 and still under Transmission- based Precautions for COVID-19 as long as it can follow CDC and local health department guidance for transmission-based precautions. If the facility is unable to follow the recommended guidelines, it must wait until these precautions are discontinued. These decisions should be made on a case-by-case basis in consultation with the resident's clinicians, infection prevention and control specialists, and public health officials.

Note: Facilities may admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.

OTHER CONSIDERATIONS FOR FACILITIES:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

- Frequently review information and guidance on the OSDH COVID-19 website at https://coronavirus.health.ok.gov/

- 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.

- 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.).

CDC RESOURCES:

- Infection Preventionist 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 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 Updates: 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

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