

## GUIDANCE FOR RESIDENTIAL LIVING FACILITIES

*By the St. Louis County Executive Order, "residential living facilities" are defined as those housing the elderly and other medically vulnerable individuals, including but not limited to, long-term care facilities, nursing homes, independent living facilities, and retirement community facilities.*

Given their communal setting and the fact that they serve a highly vulnerable demographic, residential living facilities are at the highest risk of being affected by COVID-19.

Recent County orders require that visitors and non-essential personnel should be restricted from entering nursing homes, retirement communities, or assisted living centers during this time. These facilities should also cancel group activities, including communal dining, and implement active screening of residents and staff for fever and respiratory symptoms.

This information complements, but does not replace, the general infection prevention and control recommendations for COVID-19.

### Take immediate steps to prevent exposure.

**Visitors and staff are the most likely sources of introduction of COVID-19. By order of the Saint Louis County Executive, residential living facilities must restrict visitors and put all sick staff on sick leave, even before COVID-19 is identified.**

- Suspend all visitation except for certain compassionate care situations, such as end-of-life situations.
- Suspend all volunteers and non-essential staff (e.g., barbers).
- Cancel all group activities and communal dining.
- Limit the movement of residents within the facility.
- Arrange for any deliveries to the facility to be made outdoors and away from residential areas.
- Implement active screening of residents and staff for fever and respiratory symptoms.

### The CDC recommends that facilities screen all staff at the beginning of their shifts for fever and respiratory symptoms.

Administrators may want to consider screening anyone who works in the facility for signs and symptoms of COVID-19. This includes taking each person's temperature using a no-touch thermometer and asking whether or not the person is experiencing shortness of breath or has a cough.

Staff members should be advised that if they develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.

Those who work in multiple locations may pose a higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.

For general questions or concerns, call 877-435-8411. Get text message alerts by texting STLOUISCOALERT to 67283. To keep up with the local response and testing sites, visit [stlcorona.com](http://stlcorona.com) or call 314-615-2660.

# NOVEL CORONAVIRUS (COVID-19)

## Evaluate and manage staff with symptoms of respiratory illness.

Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies to allow ill staff members to stay home.

- Remind staff to stay home when they are ill.
- If anyone on staff develops fever or symptoms of respiratory infection while at work, they should immediately put on a surgical mask, inform their supervisor, and leave the workplace.
- Consult occupational health guidelines for decisions about further evaluation and return to work.

When transmission in the community is identified, residential living facilities may face staffing shortages. Facilities should develop (or review existing) plans to mitigate staffing shortages.

## Provide supplies for recommended Infection Prevention and Control practices.

### Hand hygiene supplies:

- Put alcohol-based hand sanitizer with 60–95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).
- Make sure that sinks are well stocked with soap and paper towels for handwashing.

### Respiratory hygiene and cough etiquette:

- Make tissues and surgical masks available for coughing people.
- Consider designating staff to manage those supplies and encourage their appropriate use.

Make necessary personal protective equipment (PPE) available in areas where resident care is provided. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room. Facilities should have supplies of:

- Surgical masks
- Respirators or N95 masks (if available and if the facility has a respiratory protection program with trained, medically cleared, and fit-tested personnel)
- Gowns
- Gloves
- Eye protection (i.e., face shield or goggles)

If one is not already in place, consider implementing a respiratory protection program that is compliant with the OSHA respiratory protection standard, including training and fit testing.

### Environmental cleaning and disinfection:

- Make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
- Refer to the EPA website for registered disinfectants that have qualified under the EPA's emerging viral pathogens program for use against COVID-19.

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## **Establish policies and procedures for communication with families.**

- Send letters or emails to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end-of-life situations.
- Facilities must make reasonable efforts to facilitate communication between residents and loved ones through alternative methods (e.g., video conferencing).
- Consider assigning staff who can serve as primary contact to families for inbound calls, and conduct regular outbound calls or maintain an email listserv to keep families up to date.
- Update your phone line's voice recording with information about restricted visiting policies and updates about your operating status.
- Post signs at the entrances to the facility advising that no visitors may enter.
- Decisions about visitation during an end-of-life situation should be made on a case by case basis and should include careful screening of the visitor for fever or respiratory symptoms. Those with symptoms should not be permitted to enter the facility.
- Those visitors that are permitted must wear a surgical mask while in the building should be restricted to the resident's room or another designated location. They should also be reminded to wash their hands frequently.
- Ensure that residents are aware of alternative methods to contact Missouri's Long-Term Care Ombudsman program.

## **Evaluate and manage residents with symptoms of respiratory infection.**

Actively monitor all residents upon admission and at least daily for fever and respiratory symptoms. The health department should be notified about residents with severe respiratory infections or a cluster of people with symptoms (i.e., two or more residents or staff with new-onset respiratory symptoms over 72 hours).

- See CDC's State-Based Prevention Activities (<https://www.cdc.gov/hai/stateplans/state-hai-plans/mo.html>) for contact information for Missouri's healthcare-associated infections program.
- CDC has resources for performing respiratory infection surveillance in long-term care facilities during an outbreak.

**If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community:**

- In general, when caring for residents with undiagnosed respiratory infection, use Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis). This includes restricting residents with respiratory infection to their rooms. If they leave their rooms, residents should wear a surgical mask (if tolerated) or use tissues to cover their mouth and nose.
- Continue to assess the need for Transmission-Based Precautions as more information about the resident's suspected diagnosis becomes available.
- Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.

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- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.
- Facilities should notify the health department immediately and follow the Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings, which includes detailed information regarding recommended PPE.

**If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation.**

- Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.
- While awaiting transfer, symptomatic residents should wear a surgical mask (if tolerated) and be separated from others (e.g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel during contact with the resident.

## **Take additional precautions when cases are confirmed in the facility or the community.**

### **Health care personnel monitoring and restrictions:**

- Implement universal use of surgical masks for staff while in the facility.
- Consider having health care personnel wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a surgical mask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and surgical masks.

### **Resident monitoring and restrictions:**

- Encourage residents to remain in their rooms. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
- If they leave their rooms, residents should wear a surgical mask, wash their hands frequently, limit their movement within the facility, stay at least 6 feet away from others.
- Implement protocols for cohorting ill residents in a designated area with dedicated staff.

## **Resources**

- CDC: Standard Precautions for Patient Care <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>
- CDC: Transmission-Based Precautions <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
- Missouri HAI Prevention <https://www.cdc.gov/hai/stateplans/state-hai-plans/mo.html>
- Ombudsman Program <https://health.mo.gov/seniors/ombudsman/>

*Adapted from CDC guidance, March 31, 2020*

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