

## **Taking Reasonable Efforts to Prevent COVID-19 From Entering Your Assisted Living Community (as of March 9, 2020)**

The top priority at this point with COVID-19 is to prevent the virus from entering your assisted living community given the high case fatality rate in elderly over the age of 80 with preliminary data showing it at 15% or greater. Evaluations from prior viral epidemics that spread like COVID-19 found that actions taken early in outbreaks can significantly reduce the spread of the virus. Waiting until the virus is spreading in the community is often too late.

As such, AHCA/NCAL strongly recommends the following actions to help prevent the entry of COVID-19 into your facilities regardless of whether your surrounding community has confirmed cases.<sup>1</sup>

1. Limit entry to only individuals who need entry.
2. Restrict activities and visitors with potential for exposure.
3. Restrict individuals who have respiratory symptoms or potential COVID-19 exposure out of an abundance of caution.
4. Require all staff entering the building to wash their hands upon entry and encourage all essential visitors do so as well.
5. Set up process to allow remote communication for residents and others.

We recognize that assisted living communities are committed to providing a home-like environment for their residents, many of whom are high functioning, mostly independent individuals. In addition, assisted living settings vary in size, scope of care, and policies. In certain assisted living communities, residents are able to enter and exit the building freely and family members may have unlimited access to the community to visit at any time. We also recognize that many assisted living communities have multiple entrances without any receptionist or a receptionist at limited times, which may make it challenging to monitor entry at all entrances and at certain times of day.

However, due to the very serious impact COVID-19 will continue to have on our elderly population and those with underlying conditions, we are recommending that you evaluate your current visitation policies to determine whether some of these best practices could be implemented at your communities. Because of the diverse nature of assisted living, each community must focus on steps they are able to enact now to mitigate COVID-19 in their communities, taking into account their state regulations, local health department guidance, staffing capabilities, residents' rights and family concerns.

### **#1 Limit entry to only individuals who need entry, such as:**

- Facility employees, contractors, consultants who need to keep the operations running and assure the residents' needs are met.
- Government officials who in their capacity require entry (e.g., CDC or public health staff).

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<sup>1</sup> These recommendations build upon what CMS and CDC currently recommend. We urge members to adopt these additional best practices when possible based on the growing data about the high mortality rate among the elderly over the age of 80 with chronic disease (estimated at 15%), who comprise the majority of our residents. Waiting until the virus starts to spread in the community, has been shown in prior viral epidemics to be too late. (Note the case fatality rate in the Kirkland, WA skilled nursing facility was over 50% based on data available on King County Health Departments website as of 3-7-20). To date, nearly all the deaths in the United States have been in individuals over the age of 70.

- Immediate families or friends who need to visit for critical or time sensitive reasons such as hospice-related visits, complete medical authorizations, etc.

*Exceptions: AHCA/NCAL's recommendation is NOT for a complete ban on all visitors. The circumstances for the reason for entry need to be taken into consideration, particularly for immediate family members (e.g. spouse or sons/daughters), but routine social visits are discouraged. The rationale should be explained, and alternative methods of communications offered. We strongly recommend that the resident (or the resident representative) be consulted to determine if a resident wants or needs a specific visitor, including immediate family members, and allow entry if they do not meet any of the screening exclusion criteria in #2 below.*

Some best practices that may be possible in your facility include:

- Post signage clearly in your facility. The CDC provides [sample signage](#) for your use to ensure that all those entering or exiting your buildings are aware of the risks associated with COVID-19 and the recommended precautions they should take.
- Notify all residents, family members and other loved ones. Ask your residents to strongly encourage their family members and friends to not visit for the time being.
- Establish specific visiting hours. Specifically, consider limiting visitors to only daytime hours (e.g., 9:00 a.m. to 7:00 p.m.) when staff can more closely monitor a visitor entrance.
- Close more than one entry point in accordance with life safety regulations. Consider having one central entry location (e.g., main entrance).
- Enact a sign-in policy to encourage all visitors to check in with staff and conduct possible screening for COVID-19.

**#2 Restrict activities or individuals with potential for exposure**, including:

- Visitors, when there are any COVID-19 confirmed cases in the surrounding community. This does not apply to workforce needed to keep the operations going and to meet resident needs.
- Other visitors for routine social visits, tours with prospective residents or their families, and outside group activities (e.g., school groups or bands, etc.) should be restricted.
- Cancel activities that take residents into the community to public places particularly with large gatherings, such as mall, movies, etc. (Note: this does NOT apply to residents who need to leave the building for medical care such as dialysis, medical visits, etc.).
- Internal group activities should be restricted, especially if: a) the facility has residents with respiratory symptoms (who should be in contact isolation per CDC guidance); b) if COVID-19 is in the surrounding community; and/or c) the ability to restrict visitors is challenging in the facility.

Facilities should also continue to use CDC recommended signage reminding people that anyone with symptoms of respiratory illness should not enter the facility, including employees, government officials and contractors.

**#3 Restrict individuals who have respiratory symptoms or potential COVID-19 exposure out of an abundance of caution**, including employees, contractors, volunteers, visitors, new admissions, government officials, and health care professionals. Post notices for individuals to assess their risk which would include any individuals with:

- Respiratory symptoms (fever, sore throat, cough and new shortness of breath); and

*[As of March 9, taking temperatures is not included in any CDC or CMS recommendations and AHCA/NCAL is not recommending taking temperatures. Extenuating circumstances should be taken into consideration, but in these cases, individuals should use gown, mask and gloves during their visit.]*

- International travel within the last 14 days to areas where COVID-19 cases have been confirmed.
- Anyone who has worked in another health care setting with confirmed COVID-19 cases (*this may change as COVID-19 spreads in your community*).

Anyone who is symptomatic for respiratory illness or has traveled within the last 14 days to areas where a COVID-19 outbreak has been confirmed, including communities in the United States that are exhibiting community spread should not enter the community (extenuating circumstances may be taken into consideration; but those individuals must wear mask, gown and gloves to reduce the risk of spreading any viruses).

**#4 Require all staff entering the building to wash their hands upon entry and encourage all essential visitors do so as well.**

- If possible, set up hand washing and/or alcohol-based hand rub (ABHR) stations immediately inside all entryways with signage reminding people to wash before entering.
- Ask each person who enters the community to immediately wash their hands or use hand sanitizer before they do anything else.
- Encourage them to wash their hands or use ABHR throughout their time in the building and in accordance with CDC recommendations. CDC recommendations include increasing the access to ABHR.
- Clean and disinfect frequently touched objects and surfaces following manufacturer's directions.
- Remind people to not shake hands or hug each other, staff or residents during this epidemic.

**#5 Set up a process to allow remote communication for residents and others.**

- Ensure emergency contact information for family members and the resident representative is up to date.
- Develop alternative means of communications for residents to visit and talk with loved ones, such as video chat, telephone, texting or social media.
- Inform residents or their representatives of these changes using clear, concise, jargon-free messages that express empathy for their situation while simply explaining the policy.
- Ensure proactive communication with residents, loved ones, contractors, volunteers, etc. to make them aware of these restrictions and to keep them up to date.
- Develop a process for family members to communicate with the facility with questions.

## **Frequently Asked Questions**

### **Who should NOT enter your assisted living community?**

- Anyone who has symptoms of respiratory illness or has traveled within the last 14 days to areas where a COVID-19 outbreak has been confirmed.

- Anyone who has traveled internationally within the last 14 days to areas where COVID-19 cases have been confirmed.
- Anyone who has worked in another health care setting with confirmed COVID-19 cases (this may change as COVID-19 spreads in your community). This does not apply to workforce needed to keep the operations going and to meet resident needs.

#### **How do I inform people about entry restrictions?**

- Post signage at all entries, CDC and others have posters that you may consider using.
- Communicate with your residents and their families
- Communicate with your vendors, contractors, consultants, etc.

#### **What if a person refuses and tries to enter?**

- Explain the rationale for the restriction and need to keep all the residents safe.
- Offer them an alternate way to communicate with the person they want to see.
- Talk with the resident or person they want to see, to make sure they want to see the person and explain that person's request.
- Use best judgement and assess extenuating circumstances for entry.

### **Resources to Facilitate Communication**

AHCA/NCAL offers a number of communication resources on our coronavirus website ([www.ahcancal.org/coronavirus](http://www.ahcancal.org/coronavirus)), including:

- [Template letters for families and residents](#)
- [Template letters for employees](#)
- Template statement and talking points for [impacted](#) and [non-impacted](#) facilities
- [A guide on communication plans during an emergency](#)

AHCA/NCAL strongly recommends all long term care facilities review the [CDC guidance on COVID-19](#) by checking the CDC website frequently as guidance and recommendations are continuing to rapidly evolve.

Please email [COVID19@ahca.org](mailto:COVID19@ahca.org) with any questions.

For additional information and resources on the virus, visit our dedicated website on this issue: [www.ahcancal.org/coronavirus](http://www.ahcancal.org/coronavirus).