

Anne Arundel County Department of Health COVID-19 Guidance for Assisted Living Facilities

This guidance is based on current information known about the COVID-19 (coronavirus). The U.S. Centers for Disease Control and Prevention (CDC), Maryland Department of Health and the Anne Arundel County Department of Health (AACO DOH) will provide updated guidance as needed and as additional information becomes available. Please continue to check www.cdc.gov and www.aahealth.org/COVID-19 routinely for updated guidance.

HOW TO PROTECT ASSISTED LIVING FACILITY RESIDENTS

- A. **Infection Control Measures:** To avoid transmission within Assisted Living Facilities, the facility should use separate staffing teams for COVID-19-positive residents to the best of their ability, and work with state and local leaders to designate separate facilities or units within a facility to separate residents with known or suspected COVID-19 from other residents.
- B. **Admissions and Readmissions:** NOTE: **Facilities can accept a resident diagnosed with COVID-19 who is still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions and maintain social distancing.** This does not extend to facilities experiencing outbreaks of other diseases (flu, C-diff, etc.). **A COVID-19 test should NOT be required for admission.**

New Admissions:

- a. Create a dedicated observation area (this could be a separate unit/wing if possible or dedicated rooms in one area) to house COVID-19-positive residents being admitted or readmitted from an outside facility. Ideally, this area would have private rooms with private bathrooms.
- b. Residents being admitted to this area **do not need to be tested for COVID-19** prior to admission. They should be screened for COVID-19 symptoms prior to admission using the following methods:
 - i. Verbal report received from the transferring facility
 - ii. Temperature taken (cutoff for fever is >100.0 F)
 - iii. Questions asked about symptoms: cough, shortness of breath, sore throat, fatigue/malaise, diarrhea, dizziness
 - iv. If a new resident screens positive (having **ANY** of the symptoms listed above or a temperature >100.0 F), they need to be placed on strict isolation (Standard, Contact and Droplet Precautions including eye protection), and not allowed to mix with any other residents.

- v. If a new resident screens negative, they should be admitted to this observation unit/area for 14 days. They can mix with other residents in this unit/area but not with other residents in the facility. They should also be screened daily with temperature checks and symptom checks and immediately placed on strict isolation (Standard, Contact and Droplet Precautions including eye protection) if they screen positive.
- vi. After 14 days on the observation unit, if the resident **does not ever** screen positive, they can be released to mix with the general population.

New Admissions at Facilities with COVID-19 Outbreaks:

In long-term care and assisted living facilities with COVID-19 outbreaks, it is recommended that determinations about closure of the facility to new admissions be done on a case-by-case basis. This may involve several considerations, including, but not limited to: the ability of the facility to implement recommended infection control measures; the extent of transmission within the facility; and the capacity of the facility to provide appropriate care to residents. **Contact the Anne Arundel County Department of Health at 410-222-7256 for further instructions if your facility has been deemed as having a COVID-19 outbreak.**

- c. **Residents who have been hospitalized for suspected or confirmed COVID-19 can be discharged from the hospital whenever it is clinically indicated. They do NOT require retesting to be discharged.**
 - i. A facility can accept a resident diagnosed with COVID-19 as long as the facility can follow CDC Guidance for Transmission-Based Precautions for COVID-19. If a facility cannot follow this guidance, it must wait until the CDC discontinues its guidance for COVID-19 precautions.
 - ii. The placement of newly admitted residents who have been previously diagnosed with suspected or confirmed COVID-19 should be based on whether they still require the use of Transmission-Based Precautions:
 1. Residents who meet criteria for discontinuation of Transmission-Based Precautions for COVID-19 can be admitted to the general population using Standard Precautions.
 2. Residents who do not yet meet criteria for discontinuation of Transmission-Based Precautions for COVID-19 should be admitted to a private room with a private bathroom on Standard, Contact and Droplet Precautions including eye protection. These residents should be isolated to their rooms, except for necessary medical procedures, until they meet criteria for the discontinuation of Transmission-Based Precautions.

3. Smaller assisted living facilities may need to use alternate means to isolate a resident who is COVID-19 positive or symptomatic. Use of a bedside commode, bed baths, screens or curtains between beds, and good ventilation are examples of strategies to employ. If a facility is having difficulty isolating a resident, they should contact the Department of Health for guidance at 410-222-7256.
4. Some residents may be non-compliant with isolation/quarantine measures due to cognitive deficits or mental illness. Facilities should assign staff to monitor these residents. Contact the Department of Aging and Disabilities for recommendations on handling behaviors and/or for assistance in locating a companion caregiver if needed.

C. Identify Infections Early:

- a. Actively screen all residents every shift for COVID-19 symptoms; immediately isolate anyone who is symptomatic. Residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Additional symptoms may include new or worsening fatigue/malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should result in prompt isolation and further evaluation for COVID-19 if it is circulating in the community. *If you have any questions or concerns, please call the Department of Health at 410-222-7256.*
- b. All residents with undiagnosed respiratory illness should be cared for using Standard, Contact and Droplet Precautions including eye protection (i.e., gown, gloves, face mask, face shield or goggles), at least until diagnosis is clarified.

D. Staff Assignments: Assisted living facilities shall immediately implement, to the best of their ability, the following personnel practices:

- a. Establish a cohort of staff who are assigned to care for known or suspected COVID-19 residents. Exclude health care providers at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 residents.
- b. Designate a room, unit, or floor of the facility as a separate observation area where newly admitted and readmitted residents are kept for 14 days on Standard, Contact and Droplet Precautions including eye protection while being observed every shift for signs and symptoms of COVID-19 including checking temperatures every shift.
- c. Designate a room, unit or floor of the facility to care for residents with known or suspected COVID-19.

E. Reinforce Sick Leave Policies: Staff should not report to work ill. Signs and symptoms of COVID-19 can be very mild, so even mild signs of respiratory illness should result in health care provider exclusion.

F. Active Monitoring of Staff: Staff should be actively monitored for signs and symptoms of respiratory illness.

- a. At the start of each shift, all health care providers should be required to check their temperature and report whether they are experiencing any signs and symptoms of respiratory illness.
- b. Active monitoring should be repeated every eight hours and as needed.
- c. Any staff that develop signs and symptoms of respiratory illness while working should promptly wear a face mask and be sent home.
- d. Staff may return to work after at least seven days since symptoms first appeared AND at least three days (72 hours) since recovery, defined as resolution of fever without the use of fever-reducing medicines AND improvement in respiratory symptoms.
- e. Facilities should have a plan in place to provide care to residents when staff is in short supply.
- f. **If staff shortages are experienced by a facility, the facility should call 410-222-7256** to determine whether any staff may return to work earlier than recommended to address the need for staffing.

HOW TO PROTECT FACILITY STAFF

Personal Protective Equipment (PPE): Health care facilities should ensure all staff are using appropriate PPE when they are interacting with residents, to the extent PPE is available and per CDC guidance on conservation of PPE: [COVID-19: Strategies for Optimizing the Supply of PPE](#). Maryland continues to prioritize Assisted Living Facilities in the highest category to receive PPE.

- A. To request PPE, fill out the [Emergency Medical Material \(PPE\) Request Form](#) and email it to eoc@aacounty.org.
- B. All personnel who are in close contact with residents of facilities shall wear PPE, including:
 - Face mask
 - Eye protection
 - Gloves
 - Gown
 - Gowns are just one part of an overall COVID-19 prevention strategy, and gowns are most important when a health care worker (HCW) is in close direct contact with a resident. Gowns do not necessarily need to be an element of the PPE worn in all interactions with residents. Facilities should estimate their gown needs over the next two weeks, check with their regular suppliers to see if those needs can be met, and if not, notify the jurisdictional emergency operations center or local emergency manager.
 - The use of gowns is primarily to prevent infectious droplets from being spread from resident to resident via health care providers by direct contact. This risk may not be present for all interactions with residents.

- Gowns are most important when a HCW is in close direct contact with a resident (via activities such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care).
 - Walking into a room or handing out food or meds is different and does not require use of a gown. Additionally, HCW who work in areas of the facility where they do not come into contact with residents (e.g., in the kitchen or exclusively administratively) do not need to wear gowns and gloves.
 - Gowns should be prioritized for residents with other infections requiring contact precautions (e.g., infectious diarrhea, *C. difficile*).
- C. PPE should be worn at all times while providing care to residents in the facility, and personnel should follow CDC guidance for using PPE.
- D. In all cases, staff must use a procedure or surgical mask, or the best available equipment as specified in the above CDC's Strategies to Optimize the Supply of PPE and Equipment. If a face mask must be taken off for the purposes of eating or drinking, personnel must not touch the outer surfaces of the mask during care, and mask removal and replacement must be done in a careful and deliberate manner. Personnel should ensure they are maintaining appropriate social distances of greater than six feet from others at all times, including with residents, unless resident care duties require otherwise.

Personal Protective Order Conservation

Subject to availability, all health care providers are required to immediately implement the CDC Contingency and Crisis Capacity Strategies for the use of PPE, to include, but not limited to:

- A. Use face masks beyond the manufacturer-designated shelf-life during patient care activities.
- B. Implement limited re-use of face masks. The health care provider must not touch the outer surfaces of the mask during care, and mask removal and replacement must be done in a careful and deliberate manner.
- C. Prioritize face masks:
 - a. During care activities where splashes and sprays are anticipated;
 - b. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable; and
- D. Exclude health care providers at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 residents. In addition, refer to [Strategies to Optimize the Supply of PPE and Equipment](#) if PPE supplies are low.
- E. **If your supply of PPE is getting critically low (three days or less remaining), call 410-222-7256 for assistance.**

STRATEGIES FOR OUTBREAK PREVENTION AND COVID-19 TESTING INFORMATION:

Testing for COVID-19 in assisted living facilities remains a priority for Anne Arundel County. Facilities should call the Department of Health, **410-222-7256**, with any questions about testing staff and/or residents of the facility. Staff and/or residents will be screened and approved for testing based on current symptoms, exposures and testing kit availability. Testing is available seven days a week during normal business hours, and every attempt will be made to conduct same day testing, if possible. Testing results are usually obtained in one to two but may be delayed due to circumstances beyond the department's control. All results, positive and negative, will be followed up, and facilities/residents will be notified by the AACO DOH Disease Surveillance staff.

RIGHT OF RETURN FOR PREVIOUSLY ILL RESIDENTS:

Returning residents to their "home facility" remains a priority. Residents admitted or seen at a hospital for COVID-19, shall be allowed to return to the facility as long as the facility can follow the approved CDC recommendations for Transmission-Based Precautions. If the residents must temporarily go to another facility, every effort must be made by the receiving and original facility to transfer the residents back to their original facility as soon as possible.

References:

1. [Governor Hogan Emergency Order to Protect Nursing Home And Other Health Care Facility Residents 04-05-2020](#)
2. [MDH-Preparing for and Responding to COVID-19 in Long-term Care and Assisted Living Facilities](#)
3. [MDH-Recommendations for Infection Control & Prevention of COVID-19 In Facilities Serving Older Adults](#)

Prepared on April 13, 2020

Nilesh Kalyanaraman, M.D.
Anne Arundel County Health Officer

Pamela Jordan
Director
Anne Arundel County Department of Aging and Disabilities