

Assisted Living Facility Resources Guide for COVID-19

1. **Begin by watching an extremely informative 30-minute CDC Video:** Preparing your Nursing Home and Assisted Living Facility for COVID-19
 - a. <https://www.youtube.com/watch?v=p1FiVfx5O78>
2. Participate and listen to the **Bureau of Assisted Living Regulatory Response to COVID-19 Webinars**
 - a. Assisted living providers and stakeholders are invited to attend twice a week Assisted Living Forums. During this time, Bureau of Assisted Living will provide answers to questions related to COVID-19 and assisted living facilities.
 - b. These sessions are conducted on Tuesday and Thursday from 10-11 a.m. until further notice.
3. Printable resources available from CDC for your staff and facility (very good)

Other important resources with links

1. **COVID-19 in Wisconsin (see the curve for Wisconsin and data)**
 - a. <https://www.dhs.wisconsin.gov/covid-19/index.htm>
2. **Symptoms of the illness explained**
 - a. <https://www.dhs.wisconsin.gov/covid-19/symptoms.htm>
 - b. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
3. **COVID-19: Wisconsin Long-Term Care Facilities and Services**
 - a. <https://www.dhs.wisconsin.gov/covid-19/ltc.htm>
 - b. Contains information regarding
 - i. Visitors to Facility
 - ii. Guidance for all Facilities
 - iii. New admissions, transfers and discharges
 - iv. Testing Criteria
 - v. Memory Care
 - vi. 1-2 Bed Adult Family Homes
 - vii. Other resources
4. **COVID testing priorities for residents/patients**
 - a. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/priority-testing-patients.pdf>
5. **Video on how to don and doff PPE (put on and off)**
 - a. <https://www.dhs.wisconsin.gov/covid-19/ppe.htm>
6. **Sequencing for taking off PPE poster**
 - a. <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
7. **Poster with picture of PPE for COVID**
 - a. https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf
8. **Updated PPE recommendations for the care of patients with known or suspected COVID-19: CDC March 10, 2020**
 - a. Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

- i. Facemasks protect the wearer from splashes and sprays.
 - ii. Respirators, which filter inspired air, offer respiratory protection.
- b. When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- c. Eye protection, gown, and gloves continue to be recommended.
 - i. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

Included are considerations for designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients and options for extended use of respirators, facemasks, and eye protection on such units. Updated recommendations regarding need for an airborne infection isolation room (AIIR).

- d. Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures (See Aerosol-Generating Procedures Section)

Updated information in the background is based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.

- e. Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

9. Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

- a. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronaviruses%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html
- b. Highlights discussed
 - i. **Limit how germs can enter the facility.** Cancel elective procedures, use telemedicine when possible, limit points of entry and manage visitors, screen patients for respiratory symptoms, encourage patient respiratory hygiene using alternatives to facemasks (e.g., tissues to cover cough).
 - ii. **Isolate symptomatic patients as soon as possible.** Set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with door closed and private bathroom (as possible)
 - iii. **Protect healthcare personnel.** Emphasize hand hygiene, install barriers to limit contact with patients at triage, cohort COVID-19 patients, limit the numbers of staff providing their care, prioritize respirators and AIIRs for aerosol-generating procedures, [implement PPE optimization strategies](#) to extend supplies.

Special Pathogens Precautions:

OUTPATIENT AND GENERAL CARE INPATIENTS

Visitors Not Permitted to Enter Room



MASK *plus* FACE SHIELD REQUIRED FOR ENTRY

*Barrier mask, procedure mask or
surgical mask acceptable.*



GOWN and GLOVES required for entry.

*Disposable or reusable gowns acceptable.
Long cuff gloves should be used if gown cuff
leaves wrist exposed.*



Clean Hands Before Leaving Room

Alcohol gel or soap and water may be used.

For questions, contact Infection Control on pager #2570.



Standard Precautions must be observed with all patients at all times.

If patient is isolated at discharge this sign should remain posted; Environmental Services personnel will remove the sign after terminal room cleaning.
After discharge, there is no room aeration requirement.