COLORADO
Department of Public Health & Environment

COVID-19 GUIDANCE

Preparation and rapid response checklist for Small Assisted Living Residences, Intermediate Care Facilities (ICFs), and Group Homes (generally homes with 13 residents or fewer)*

**This guidance has been adapted from the "Preparation and rapid response checklist for residential care facilities" to meet the needs of small assisted living residences, intermediate care facilities, and group homes typically operating in single-family homes which typically have 13 or fewer residents. Facilities that follow this guidance do not need to follow guidance for larger facilities.*

All residential care facilities (RCFs) should implement additional measures to prevent COVID-19 from entering the facility. Prevention measures should be implemented immediately, if not already done, to protect residents from possible COVID-19 infection. Consistent application is necessary to reduce transmission and severe disease from COVID-19. Immediately implement rapid response measures when a single case of respiratory illness or COVID-19 positive test is identified in a resident or staff member. Do not wait for a positive test to react. This checklist is updated regularly and guidance is subject to change.

I. Prevention

Every RCF should immediately implement the following, if not already done:

Core Infection Prevention and Control Practices Required for All Residential Care Facilities

ALL RESIDENTIAL CARE FACILITIES

- ❑ All facilities must report COVID-19 information daily, using the CDPHE EMResource.
- ❑ Reinforce sick leave policies, and remind Health Care Personnel (HCP) not to report to work when ill.
- ❑ Reinforce adherence to standard Infection Prevention & Control (IPC) measures including hand hygiene and selection and correct use of personal protective equipment (PPE).
- ❑ Have HCP demonstrate competency with putting on and removing PPE and monitor adherence by observing their https://drive.google.com/file/d/1_b4T-aCoSiveqTvx6iKnnKn2zhER-l-C/view resident care activities. Consider utilizing CDC training modules for front-line or supervisory staff that can be used to reinforce recommended practices for preventing transmission of SARS-CoV-2 and other pathogens.
- ❑ Educate HCP about any new policies or procedures.
- ❑ Educate residents and families on topics including information about COVID-19, actions the facility is taking to protect them and/or their loved ones, any visitor restrictions that are in place, and actions residents and families should take to protect themselves in the facility, emphasizing the importance of hand hygiene and source control.
- ❑ Have a plan and mechanism to regularly communicate with residents, families and HCP, including if cases of COVID-19 are identified among residents or HCP.
- ❑ Monitor the COVID-19 Two Week Average Positivity Rate of the county that your facility is located. Develop a plan and implement ongoing surveillance testing according to the most current public health orders. See below for additional testing guidance.

Monitor Staff and Residents for Symptoms of COVID-19

STAFF SCREENING

- ❑ Screen all HCP at the beginning of their shift for fever (subjective or measured temperature >100.0℉) and symptoms of COVID-19 (chills, fatigue, headache, congestion or runny nose, nausea or vomiting, diarrhea, cough, shortness of breath or difficulty breathing, fatigue, muscle aches, headache, sore throat, new loss of taste or smell). Staff that reside within the facility should be screened at least daily.
- ❑ Have staff take their temperature and document the absence of symptoms, a sample form can be found here. If staff have symptoms or become ill while working have them keep their cloth mask or face covering in place and immediately leave the workplace or self-isolate from the residential care portion of the home in their own private room or living quarters (if they reside at the facility)
- ❑ Staff should follow isolation and quarantine orders issued outside of their workplace. Staff that have had high risk exposures such as a household member with COVID-19 should not work until public health has been consulted for guidance.
- ❑ Discourage staff from working in multiple facilities, whenever possible, as working in multiple facilities increases the risk of disease transmission.
- ❑ When **one or more COVID-19 positive staff members** are identified, they should be excluded from work and remain at home or in a separate area of the home designated as their individual living quarters (if they reside at the facility) until the CDC return to work criteria is met.

RESIDENT SCREENING

- ❑ Ask residents to report if they feel feverish or have symptoms consistent with COVID-19.
- ❑ Actively monitor all residents at least daily for fever (Temperature >100.0℉) and symptoms consistent with COVID-19: Fever or chills, cough, shortness or breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID -19, implement Transmission-Based Precautions.
- ❑ Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include changes in cognition, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0℉ might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.

Implement Source Control

- ❑ HCP should wear a face mask at all times while they are in the facility. The mask should cover their nose and mouth fully. When available, medical face masks are generally preferred over cloth face coverings for HCP as face masks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of face masks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or face mask if PPE is required.
- ❑ When removing a face mask to eat or drink, the HCP must move to an area free from other HCPs or residents.
- ❑ Residents should wear a cloth face covering or face mask (if tolerated) whenever they leave the facility and should be encouraged to wear them when outside of their rooms. Face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. If a resident cannot tolerate a face mask, they should limit time outside of the facility.
- ❑ All masks and/or face coverings should cover both the nose and mouth of the person wearing them. Masks with exhalation valves cannot be used for source control. If a mask has an exhalation valve it must be covered by a surgical or procedure mask to protect others from respiratory droplets.
- ❑ Visitors, if permitted into the facility, should wear at minimum a cloth face covering while in the facility.

Visitor Restrictions

- ❑ Post signs at the entrances to the facility advising visitors to check in with the facility staff prior to entry.
- ❑ Determine whether your facility is eligible to participate in outdoor visitation.
- ❑ Determine whether your facility is eligible to participate in indoor visitation.
- ❑ If visitation is allowed in your facility, all visitors must be screened for symptoms of COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) prior to entering the facility. This form can be used to collect the necessary information.
- ❑ Remind visitors that they should restrict visitation for at least 14 days if they have been in close contact with anyone who has tested positive for or has symptoms consistent with COVID-19. Visitors should report to the facility if they develop fever, symptoms consistent with or diagnosed with COVID-19 in the 14 days following visitation.

Resident Room Placement

- ❑ All newly admitted residents and any residents returning to the facility following an overnight stay away from the facility (regardless of the reason) should be isolated in a private room with a designated bathroom whenever possible, and cared for utilizing appropriate PPE for COVID-19 for 14 days. The purpose of the 14 day observation period is to observe for symptoms of COVID-19 while keeping others safe. Testing cannot be used to shorten the period of isolation. This does not apply to residents leaving the facility for outpatient care and returning to the facility the same day (e.g. hemodialysis, medical appointments).
- ❑ Residents who have been discharged from the hospital and have not yet met the criteria to discontinue transmission-based precautions for COVID-19 may not be appropriate for admission to this environment until isolation is no longer needed.

Testing Residents and Staff for SARS-CoV-2, the Virus That Causes COVID-19

- ❑ Create a testing plan for SARS-CoV-2, the virus that causes COVID-19, in respiratory specimens to detect current infections (referred to here as viral testing or test) among residents and HCP in residential care facilities.

  The plan should align with state requirements for testing residents and HCP for SARS-CoV-2 and address:

  - Triggers for performing testing (e.g., routine surveillance, a resident or HCP with symptoms consistent with COVID-19, response to a resident or HCP with COVID-19 in the facility).
  - Access to tests capable of detecting the virus (e.g., polymerase chain reaction) through the testing supplies and processing offered by the State or an alternate arrangement for supplies and laboratories to process tests in accordance with the frequency prescribed by the State.
  - Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection and should not be used to inform infection prevention control actions.
  - Process for and capacity to perform SARS-CoV-2 testing of all residents and HCP.
  - Facilities must have written infection control policies and procedures in place to address staff and residents who refuse COVID-19 testing:
    - Staff refusing testing shall be excluded from the Facility for 14 days while facility-wide testing is implemented. If the staff reside at the facility, they must be isolated to their private living quarters for the duration of facility-wide testing. If one or more person is identified as having COVID-19 during the testing, the staff should continue to be excluded from the facility (or isolated in private living quarters) for an additional 14 days or until the outbreak is resolved, whichever is longer.
    - If a resident refuses testing during an outbreak they shall be quarantined until the outbreak is resolved, and staff shall care for the individual using full personal protective equipment (PPE) effective against COVID-19.

Provide Supplies Necessary to Adhere to Recommended IPC Practices

- ❑ Ensure adequate 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., in dining room at front entrance). Make sure that sinks are well-stocked with soap and paper towels for handwashing.

- ❑ Make necessary PPE available in areas where resident care is provided. Implement strategies to optimize current PPE supply before shortages occur, include bundling of care and treatment activities to minimize entries to resident rooms.
- ❑ Place 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.
- ❑ Staff working in facilities located in counties with ≥ **75 per 100,000 two week incidence rate** utilizing the Colorado covid dial dashboard, should wear eye protection (e.g. face shields, goggles) during all resident care activities to protect against viral spread from asymptomatic individuals.
- ❑ Ensure adequate supplies for respiratory hygiene and cough etiquette are available.
  - Make tissues and cloth face coverings (or facemasks) available for coughing people. (Prioritize facemasks for healthcare personnel.)
- ❑ Assess current facility inventory of PPE. Facilities should have a two-week supply of:
  - facemasks
  - respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested providers)
  - gowns
  - gloves
  - eye protection (i.e., face shield or goggles)

Environmental Cleaning and Disinfection

- ❑ Ensure adequate supplies and procedures for environmental cleaning and disinfection.

- ❑ Ensure all resident care equipment (e.g., thermometers, pulse ox, blood pressure cuffs, resident lifts) is cleaned and disinfected according to manufacturer's instructions after each use, prior to use with additional residents. Whenever possible, use disposable or dedicated equipment for those requiring transmission-based precautions.

- ❑ Use an EPA-registered, hospital-grade disinfectant effective against SARS-CoV-2, the virus that causes COVID-19 to clean and disinfect environmental surfaces, paying close attention to frequently clean high-touch surfaces and shared resident care equipment.
- ❑ Validate environmental services staff members processes: (1) Follow disinfectant label instructions ; (2) Validate disinfection policies and procedures (e.g., cleaning from clean to dirty, changing gloves and performing hand hygiene between rooms and between resident surfaces within the same room).

II. Rapid Response

If a single case of COVID-19 is detected in a staff or resident, the facility should immediately contact Public Health, implement facility-wide outbreak testing strategies, and follow the infection prevention and control guidance outlined below.

Communal Dining and Activities

Facilities, as defined in this guidance , operate similarly to a single family residence due to the smaller spaces and congregate setting between residents and staff. Any facility experiencing an outbreak should temporarily stop all communal dining and group activities until outbreak resolution has been met or until cleared by public health to resume such activities. If it is not possible to stop communal dining due to space restraints or the resident requires assistance (as outlined in their care plan), dining should be limited to 2 residents at a time considering the following:

- ❑ Maintain social distances of at least 6-feet for residents and staff at all times and while residents are entering and leaving the dining room.
- ❑ Residents and staff should wear masks that cover their nose and mouth when entering and leaving the dining room.
- ❑ Keep hand sanitizer on each table for use before and after mealtime.
- ❑ Residents should remain at least 6-feet away from each other during meal times. Four (4) foot tables can only seat one resident in this case. The facility may consider adding an additional four foot table to accommodate additional residents during meals, but should adhere to residents remaining at least 6-feet away from each other.

- ❑ Disinfect all surfaces in between each resident.
- ❑ Consider using disposable plates, napkins, and silverware.

When Someone is Sick in your Facility

COVID-19 spreads between people who are in close contact (within about 6 feet) through respiratory droplets created when someone talks, coughs, or sneezes. Staying away from others helps stop the spread of COVID-19.

Symptom Screening

Residents who have a fever, cough, or other symptoms of COVID-19 listed below might have COVID-19. The facility should consider them "sick" and implement the strategies listed below.

- ❑ Ask residents to report if they feel feverish or have symptoms consistent with COVID-19.
- ❑ Actively monitor all residents at least two times daily for fever (Temperature >100.0℉) and symptoms consistent with COVID-19: Fever or chills, cough, shortness or breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions.
- ❑ Monitor the sick person for emergency warning signs (including trouble breathing), seek emergency medical care immediately if present.
- ❑ Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include changes in cognition, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0℉ might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.

- ❑ Anyone who reports symptoms or COVID-19, or is identified through screening as having symptoms of COVID-19, should wear a mask when they are around other people at home and out (including before they enter a doctor's office).

Self-isolate

- ❑ The sick person, their roommates, and close contacts within the house need to self-isolate and limit their use of shared spaces as much as possible until public health determines your outbreak is over.

- ❑ A mask helps prevent a person who is sick from spreading the virus to others. It keeps respiratory droplets contained and prevents them from reaching other people.

Bedroom and Bathrooms

- ❑ If possible, have the person who is sick use a separate bedroom and bathroom and keep the door closed as much as possible. If possible, have the person who is sick stay in their own "sick room" or area and away from others. Try to keep yourself and others at least 6 feet away from the sick person.

- ❑ If a sick person must share a bedroom, make sure the room has good airflow. Open the window to increase air circulation if possible. Caution should be utilized if considering the use of an individual room fan consult CDPHEs COVID-19 Ventilation Guidance for more information. Improving ventilation within a room or home helps remove respiratory droplets from the air and works to dilute the amount of virus present. Space beds in a shared room at least 6 feet from one another; consider placing heads of beds at opposite ends of the room.
- ❑ If a sick person is using a separate bedroom and bathroom: Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the sick person.

- ❑ Disinfect shared bathrooms after each use and leave the exhaust fan running. Wear a mask and wait as long as possible after the sick person has used the bathroom before coming in to clean and use the bathroom.
- ❑ Sinks could be an infection source. Everyone should avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items so they do not touch the bathroom countertop.

Eating and the Kitchen

- ❑ **Stay separated:** The person who is sick should eat (or be fed) in their room, if possible. Sick people should not participate in communal meals or group activities.
- ❑ It is strongly recommended to stop all communal dining and group activities within the home while an ill person resides there. If you have no other option to care for residents, limit meals and activities to no more than two people in a shared room at the same time and provide as much space between individuals as possible.
- ❑ Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves. Wash them with soap and hot water or in a dishwasher.
- ❑ Clean hands after taking off gloves or handling used items.

Avoid sharing personal items

- ❑ Do not share dishes, cups/glasses, silverware, towels, bedding, or electronics (like a cell phone) with the person who is sick.

Washing and drying laundry items

- ❑ Do not shake dirty laundry or hold it close to you.
- ❑ Wear disposable gloves while handling dirty laundry.
- ❑ Dirty laundry from a person who is sick can be washed with other people's items.
- ❑ Wash items according to the label instructions. Use the warmest water setting you can.
- ❑ Remove gloves and wash hands right away.
- ❑ Dry laundry completely on hot if possible.
- ❑ Wash hands after putting clothes in the dryer.
- ❑ Clean and disinfect clothes hampers. Wash hands afterwards.

Use gloves when handling trash

- ❑ Place 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.
- ❑ Place used disposable gloves and other contaminated items in a lined trash can.
- ❑ Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.
- ❑ Place all used disposable gloves, masks, and other contaminated items in a lined trash can.
- ❑ If possible, dedicate a lined trash can for the person who is sick.

Isolation Precautions

- ❑ Staff should follow standard, contact and droplet precautions (gown, gloves, N-95 or facemask if N-95 is not available and eye protection) for any resident with fever, respiratory symptoms, or when COVID-19 is suspected. [2,3,4]
- ❑ When EMS is activated, notify them that the facility is currently experiencing a suspected or confirmed outbreak of COVID-19 prior to their arrival so they may don appropriate PPE prior to resident contact. All recommended PPE should be worn for care of any resident requiring CPR or other emergent procedure.
- ❑ If transfer is medically indicated, inform the receiving facility that the facility is currently experiencing a suspected or confirmed outbreak of COVID-19 verbally in addition to written documentation prior to the arrival of the resident at the receiving facility.
- ❑ All visitors that must enter the facility (e.g., compassionate care) must wear appropriate PPE if visiting a resident with suspected or confirmed COVID-19 (e.g., gloves, gown, facemask and eye protection).

Communication

- ❑ Communicate with staff, residents, and families about the suspected or confirmed COVID-19 outbreak, and steps the facility is taking to halt the outbreak. Confirmed outbreaks will be publicly reported by facility name by the state emergency operations center.
- ❑ Place a sign outside the door of the resident room indicating the appropriate PPE required to enter the resident room.

Footnotes

[1] Return-to-work criteria for healthcare personnel with suspected or confirmed COVID-19

- HCP with mild to moderate illness who are not severely immunocompromised:
  - At least 10 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
  - Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.
- HCP with severe to critical illness or who are severely immunocompromised:
  - At least 20 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
  - Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.
- For more information, see Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

[2] PPE-sparing strategies:

- See CDC PPE-sparing strategies for more information (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html).
- CDC's optimization strategies for PPE offer options for use when PPE supplies are stressed, running low, or absent. Contingency strategies can help stretch PPE supplies when shortages are anticipated, for example if facilities have sufficient supplies now but are likely to run out soon. Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help stretch available supplies for the most critical needs. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices.
- CDC: Using Personal Protective Equipment https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html
- Sequence for proper donning and doffing of PPE: https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf.

[3] CDC and CMS recommend that if COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE (gowns, gloves, facemask and eye protection) for the care of all residents irrespective of COVID-19 diagnosis or symptoms. When PPE shortages are present, this recommendation may be impractical for implementation by healthcare facilities, and PPE use should be prioritized for use with any resident with fever, respiratory symptoms, or when COVID-19 is suspected.

[4] Discontinuation of Isolation for Residents:

- Residents with mild to moderate illness who are not severely immunocompromised:
  - At least 10 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
  - Note: For residents who are not severely immunocompromised and who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.
- Residents with severe to critical illness or who are severely immunocompromised:
  - At least 20 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
  - Note: For severely immunocompromised residents who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.
- For more information, see: Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

[5] What is a pod?

A pod refers to a small group (a hall, wing, unit, neighborhood, etc.) in which the same residents and staff are consistently assigned across multiple shifts and activities in order to limit the number of individuals interacting with those outside of the pod. It is best practice to enforce pod designation (including roommates) for care activities, communal dining, small group activities, and outings, consistently and according to the social distancing calculator. Pods should not exceed 10 residents each.

Additional resources

- Strategies to consider when working with memory care residents or facilities serving people with developmental disabilities: https://drive.google.com/file/d/1vhUj3a_9VPRmageceZzpcYPNZAyG8tb9/view
- Strategies to consider when working with assisted living residences: https://drive.google.com/open?id=1Bs7DCwUTgaASruZ7gioEBT-HfYluyP9t
- FAQs for Personal Protective Equipment: https://drive.google.com/file/d/1LQVT4bBe1FG_XwmP1WTAg5ZNJ-sTXbxf/view?usp=sharing
- CDC: Responding to Coronavirus (COVID-19) in Nursing Homes. See: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html
- CDPHE Instructions to sign-up and use EMResource docs.google.com/document/d/1iOMlTS39UEWWf8_SlM4rPKNozE0bycNuRWHbTqa0Wwc/edit?ts=5f57e62d
- EPA list N, disinfectants effective for COVID-19 https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.