

# UPDATE CORONAVIRUS (COVID-19)



Stay informed. Take precautions. Stay safe.

## COVID-19 Update: Coronavirus Resources

Dear Members,

We are sending you this in an effort to facilitate your ongoing efforts as relative to COVID-19. This is to provide an update with additional resources to supplement those offered by EOEa. We will continue to keep you informed by sharing EOEa documents immediately after we receive them, and also thought it might be beneficial to connect you with current practices in preventing illness and supporting the continued health and well being of residents and staff recommend by industry experts and regulatory agencies.

There are a variety of key websites that provide necessary and helpful information for assisted living residences:

- Our national partner, Argentum, has created a coronavirus preparation and response toolkit to support residences as well. It can be found at: <https://www.argentum.org/coronavirustoolkit/>
- CDC updates are available at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Massachusetts updates are available at: <https://www.mass.gov/2019coronavirus>.

The following is a collection of practices and objectives that we gathered from our members. We hope that by sharing these ideas and comments, it will contribute to your efforts in addressing the critical COVID-19 issues facing all assisted living residences. This is intended as an educational document and not as specific guidance or interpretations of current regulatory orders of guidance.

We also hope that, as we provide this information in an effort to keep residents and staff safe and healthy, you will share all appropriate information with family members of your residents. We encourage you to consider establishing a schedule of regular communication with family members in order to provide them with the most up to date information during these unprecedented times. As you all know, it is especially important to keep families informed during times of restricted visitation, as this is likely to heighten their anxiety regarding the well-being of their loved ones.

### **PRACTICES AROUND CLEANING AND HYGIENE**

The following represents the practices we collected in discussions with our membership for preventing the spread of COVID-19. They may mirror many of the stringent policies you routinely practice to prevent the spread of cold and flu; however, in response to this new threat, it is a frequent practice for residences to both increase the frequency of cleaning and institute new measures to promote personal hygiene.

These efforts include:

- Re-education of staff on communicable disease
- Effective use of personal protective equipment (PPE)/garments
- Repeatedly wiping down all common surfaces
- Increased cleaning with germicidal bleach spray of all touch points in the communities, such as light switches, doorknobs, handrails, toilet handles, faucet handles, trash cans, computer keyboards, tops of vanities, handles on shower doors
- Increased handwashing
- Encourage everyone to practice respiratory hygiene: cough or sneeze into a tissue or your flexed elbow and discard tissue immediately in a closed trash bin and then wash hands; avoid touching your face
- Maintain a distance of at least 6 feet in a social situation
- Provide additional health talks/educational forums of no more than ten people, conducted by resident care directors, during which healthy habits are discussed with residents (along with any other health-related concerns)

Additionally, we are seeing an increased focus on directions regarding how Resident care staff conduct immediate follow up on reports of any residents who may exhibit flu-like symptoms and the appropriate response to such events. Such policies include that residents and staff are to seek medical attention immediately if they have fever, respiratory symptoms or are not feeling well.

### **IMPLEMENTING NEW VISITOR POLICIES**

Assisted living communities are widely known to be open, welcoming, and inviting living spaces, with an emphasis on providing a home-like environment of warmth and hospitality; however, the current threat posed by COVID-19 to the health and well-being of assisted living residents has prompted Massachusetts Governor Baker to implement a policy prohibiting visitation in any Massachusetts assisted living communities. EOEA has restricted access for all visitors except for compassionate care situations.

The following are the exceptions from that general restriction on visitors in such regulatory guidance:

- Health and home care workers (RNs, physical therapists, home care aides, etc.)
- Family members providing necessary medication that ALR staff are not allowed to provide by regulation (i.e. insulin injections)
- Family members or pharmacy employees dropping off medication for LMA/SAMM
- United States Postal Service (USPS) employees and other package or parcel service delivery personnel

Only those identified in the first two categories are permitted beyond the entrance and require screening in accordance with established practices prior to entry (i.e. travel to high risk areas, close contact with a COVID-19 positive individual, or a temperature greater than or equal to 100.3F.) These groups are the only non-employees who have access to the resident's unit and only for the time necessary to complete the service.

## **MAINTAINING ADEQUATE STAFFING AND SUPPLIES**

Education of staff is one of the highest priorities that we are seeing our membership implement. This includes education of staff on the symptoms of COVID-19 and requirements that any staff members who fail any one of the four screening criteria stay home and not report for work. Many assisted living communities are reviewing staffing policies/patterns, sick time policies, and even addressing childcare issues for staff members who may face challenges due to schools closing

Another priority that assisted living residences are addressing is the development of a plan to respond in the event that the COVID-19 appears in the assisted living residence. This includes a focus on stocking up on safety and illness-prevention supplies, planning how to deal with various staffing scenarios, and coordinating with staff around the potential for all-hands-on-deck support should further quarantine measures become necessary.

## **MOVE-INS/MOVE-OUTS**

The common practice we are seeing is that assisted living residences are limiting move-ins to situations in which an elder faces an increased risk of harm if access to an ALR is not provided. Also, ALRs are adopting policies limiting access to the ALR for those assisting with a move-in or move-out to two persons and are applying standard screening policies. Move-in and move-out are being scheduled during times when current residents will not be in the areas accessed by those assisting (perhaps a designated day/time per week).

## **ENTRY/RE-ENTRY**

Recent practices in ALRs are reflecting that residents cannot be forced to stay in their assigned unit, nor can they be refused entry even if they fail to meet the screening criteria. Residents may go to medical appointments, family visits, or other activities; however, they should be encouraged to limit this type of activity. In the case of residents leaving the building and returning, ALRs are reminding residents that it is important that they follow protocol that will protect others.

In order to limit the number of community contacts that a resident may have, ALRs find it beneficial to educate residents and families. Such education is including the modes of virus transmission and the importance of reducing the risk of bringing the virus into the ALR community by reducing contact with those outside of the ALR. Also, in accordance with CDC and DPH guidance, the importance of practicing:

- Hand hygiene
- Cough/sneezing etiquette (into the elbow)
- Surface hygiene (wipe down high touch surfaces frequently with 60%+ alcohol);
- Social distancing (6 feet apart and as small a family/social group as possible).

## MEDICATIONS

With regard to medication, ALR staff are not allowed to administer medication in lieu of family members or VNA doing so. Please see guidelines listed above in the “Implementing New Visitors Policies” regarding administering and delivering medications.

## MEALS

We are seeing ALRs permit communal dining for residents who are not able to eat safely alone or who need cueing to eat. Residences must follow surface hygiene, hand hygiene, and social distancing protocols between residents. To make this decision, the residence, ALRs are balancing the health and welfare benefits of maintaining communal dining against the potential reduction in the spread of the corona virus achieved by eating in resident rooms. In either situation, special attention is being directed to surface hygiene, hand hygiene, and social distancing protocols between residents must be considered. Also, residents exhibiting respiratory symptoms are being kept away from common areas and communal or group activities as much as possible until the symptoms and illness are fully resolved.

## GROUP ACTIVITIES

Residences are permitting small, limited group activities if it is determined the benefit of this socialization and activity is greater than the benefit of stricter quarantine measures. As with all circumstances involving staff and residents, these activities follow surface hygiene, hand hygiene, and social distancing protocols. Residents exhibiting respiratory symptoms should be kept away from common areas and communal or group activities as much as possible until the symptoms and illness are fully resolved. ALRs are using technology as creatively as possible to provide virtual activities within the community.

*Mass-ALA will continue to keep you informed on Novel Coronavirus (COVID-19). Stay tuned for more updates*

*\*The information provided in this COVID 19 update is solely for general informational purposes to assist in understanding the evolving guidance regarding the current COVID 19 public health threat. It is not intended to be a primary public health or medical resource, but is provided as a clearinghouse for or compilation of various guidance issued by official and related sources.*

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