

Infection Control Guidance for Local Public Health Response to Congregate Living Facilities with Suspected or Confirmed COVID-19 Cases

Elderly persons and those with chronic medical conditions are at higher risk for severe illness and death from COVID-19. The California Department of Social Services Community Care Licensing Division [PIN 20-07-ASC](#) (PDF) provides guidance to Adult and Senior Care (ASC) licensees on prevention, containment, and mitigation measures for COVID-19 and for the implementation of a statewide waiver for certain licensing statutes and regulations.

Local public health department staff responding to suspected or confirmed cases of COVID-19 in assisted living or other congregate living facilities should ensure facilities:

1. Implement protocols for screening and management of facility residents and staff.

Residents:

- ✓ Implement a protocol for daily (or more frequent) monitoring of residents for acute respiratory illness (fever, cough, shortness of breath). (Fever is considered to be a temperature of **100.4°F/38°C or higher**)
- ✓ Ask independent residents to self-monitor for fever, cough, shortness of breath; provide instructions for residents who develop symptoms to stay home or in their room, limit contact with others, report their illness to the facility administrator. The facility should seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.
- ✓ For residents who are not independent, depending on facility layout, designate one staff per floor or wing to conduct screening (including temperature measurement) wearing a facemask, goggles/face shield, and gloves; staff should change gloves and perform hand hygiene between residents.
- ✓ Notify the local public health department of new cases of respiratory illness with fever among residents and/or any clusters of respiratory illness in residents or staff.

Staff:

- ✓ Instruct staff not to report to work if they are symptomatic with fever or respiratory symptoms. Ill staff must report symptoms to their supervisor.
- ✓ Perform daily screening prior to start of shift for acute respiratory illness (fever, cough, shortness of breath) and keep a log.
- ✓ Instruct HCP who develop signs and symptoms of a respiratory infection while at work to immediately stop work, put on a facemask, alert their supervisor, leave the facility, and self-isolate at home.
- ✓ Educate HCP on basic infection control measures for respiratory infections, including hand hygiene, respiratory hygiene, and cough etiquette.
- ✓ Coordinate with local public health for testing of symptomatic staff.
- ✓ Staff exposed to COVID-19 positive residents can continue to work as long as they are asymptomatic and wearing a surgical mask for 14 days after the last exposure.

2. Encourage source control and social distancing.

- ✓ If there are cases of respiratory illness in the facility, cease all group activities. If there are no cases of respiratory illness in the facility, cease all communal/group activities that are unable to be conducted with 6-foot social distancing.
- ✓ Meals should be served to residents in their rooms, if possible. If this is not possible, meal service should maintain 6-foot social distancing and avoid shared utensils.

- ✓ Teach residents respiratory hygiene and cough etiquette
- ✓ Consider using a sitter or other dedicated staff to enforce social distancing for residents with mental health challenges or dementia.
- ✓ Identify all contracted services and restrict any non-essential contracted services (for example, barber); for essential contracted services, ensure contracted service employers educate and screen their employees.
- ✓ Limit nonessential visitors; ask residents to strongly encourage their family members and friends not to visit and discuss alternative methods of communication.

3. Provide safe placement of residents with acute respiratory illness or confirmed COVID-19.

- ✓ Isolate each resident with acute respiratory illness or confirmed COVID-19 in a private room with a closed door and private bathroom.
- ✓ Provide a facemask for symptomatic residents who must leave their room for essential services, such as dialysis.
- ✓ House all residents with suspected or confirmed COVID-19 on one wing/floor if possible; for group homes with two or more individuals in a room, keep persons with confirmed COVID-19 together.
- ✓ Designate staff members to provide care and assistance to residents with suspected or confirmed COVID-19; group care tasks to limit frequent staff entrance to resident rooms and minimize numbers of potentially exposed staff.

4. Ensure hand hygiene supplies are readily available and monitor hand hygiene adherence.

- ✓ Designate an area for staff to perform hand hygiene (handwashing with soap and water, or use of alcohol-based hand rub) upon facility entry.
- ✓ Ensure staff understand when and how to perform hand hygiene; consider monitoring adherence when new hand hygiene protocols differ from routine operations.
- ✓ Identify how staff will perform hand hygiene when going from room to room; consider use of hand wipes or towelettes if liquid/gel alcohol-based hand rub is not available.
- ✓ Place alcohol-based hand rub dispensers inside and outside the patient room; if not feasible, such as in memory care units, provide individual bottles of alcohol-based hand rub to staff.
- ✓ Consider scheduling hand hygiene at regular intervals during the day, such as every 2 hours, for residents.

5. Use recommended personal protective equipment (PPE).

- ✓ For providing direct care for residents with suspected or confirmed COVID-19, wear a respirator (if not available, facemask), face shield (if not available, goggles), gown, and gloves. If supply shortages, select PPE accordingly:
 - 1st preference: N95 respirator, face shield or goggles, gown, and gloves.
 - 2nd preference: any respirator (expired, non-medical, or not fit tested), face shield or goggles, gown, and gloves.
- ✓ 3rd preference: facemask, face shield or goggles, gown, gloves; place facemask on resident as possible. For interactions with residents who have respiratory symptoms (but not suspected or confirmed COVID-19): place a facemask on the resident and wear mask, face shield (if not available, goggles), gowns, gloves.
- ✓ Ensure staff understand to perform hand hygiene before donning PPE, and how to safely remove PPE to prevent self-contamination, removing PPE in the following order: gloves and gown inside the room, face shield or goggles and respirator/mask outside the room. Perform hand hygiene between each step.

- ✓ Assess PPE supply and utilize optimization strategies ([CDC Strategies to Optimize the Supply of PPE and Equipment](#)); request supplies through local [Medical Health Operational Area Coordinator \(MHOAC\)](#).
- ✓ If supply shortages, consider extended use of facemask/respirator ([CDC Strategies for Optimizing the Supply of N95 Respirators](#)) and eye protection when the caregiver goes from room to room of residents with respiratory illness, changing gloves, and gown after each resident and performing hand hygiene before donning new gloves.

6. Clean and Disinfect the Environment

Continue to use routine practices for handling waste and linen; non-disposable dishes and silverware may be used and washed according to routine procedures.

- ✓ [Clean and disinfect](#) frequently touched surfaces in resident rooms, staff areas and public areas at least daily.
- ✓ Increase frequency of cleaning and disinfection for shared bathrooms.
- ✓ Use hospital-grade EPA-approved cleaning/disinfectant product effective against coronavirus ([CDC List N](#)) or with emerging viral pathogens claim.
- ✓ Follow wet contact time on the disinfectant label and other manufacturer instructions for use.
- ✓ Dedicate medical equipment/devices (such as stethoscopes, thermometers, blood pressure cuffs) to the resident's room; any shared patient care equipment/device must be properly cleaned and disinfected between patients.

7. Prepare to receive residents discharged from a hospital

- ✓ When residents who likely acquired COVID-19 while in your facility are discharged from the hospital, consult with local public health regarding the return of these patients to your facility.
- ✓ When determining whether to admit a new resident with COVID-19 from a hospital: If your facility has not housed other positive COVID-19 residents, identify if alternate care site is available; if no alternative site is available, consult with local public health to determine if your facility should accept the resident.