



Assisted Living And COVID-19

ODH- COVID-19 Hotline: 1-833-4ASKODH (1-833-427-5634)

[Ohio Coronavirus Website : coronavirus.ohio.gov](https://coronavirus.ohio.gov)

Assisted Living communities are required to follow ODH (Ohio Department of Health) for licensed Homes regulations/orders. Additionally, CDC/CMS has issued recommendations and guidelines. AL communities should review CDC recommendations and CMS guidelines for helpful information. If your infection control policy states you “Follow CDC Guidelines”, then you must per your policy follow CDC Guidelines.

KEY- Categorized by Topic in Green
Requirements/Guidance/Resource Tools

Requirements in Place as Of August 17, 2020

Disinfection/Infection Control: Aggressive Infection Control

- Residents are limited to their rooms if they become ill, if ill or symptomatic all meals must be served in room.
- If a resident has respiratory symptoms, make sure they are in [contact isolation](#) per CDC guidance
- Make sure you have a supply of disposable cups, plates, and utensils that can be thrown away. Don't go through the kitchen after leaving a room with a sick person.
- **Continue** to **educate** staff on Hygiene and Social Distancing ([ODH flyer](#)) outside of direct resident care
 - Don't touch 'T-Zone' on your face (eyes/nose/mouth)
 - Use a tissue to cover your mouth and nose when coughing or sneezing. (throwing the tissue away immediately) If you do not have a tissue cough into your elbow
 - Avoid shaking hands, hugging, etc.
 - Carry tissues in the event you need to touch public sink areas/doorknobs/elevator buttons/etc. and throw the tissue away immediately after use.
- Offer stations of hand sanitizer at entry points for all entering community and in employee breakroom
 - Have staff wash their hands upon entry to the community & frequently throughout their shift – CDC's updated recommendation is **20 seconds**. ([Washing Hands Sample Sign](#)) ([Brookdale Educational Video](#))
 - Communities can have all mail delivered and placed in a mail bin, **this is Federally acceptable**, even if mail is addressed with an individual Resident's apartment number. Utilize a substantial bin or receptacle to accommodate the normal volume of mail and place a note on the receptacle stating, **“Attention Postal Carrier – Please place all mail in receptacle, staff will ensure delivery to individual residents.”**

- Use [EPA Registered Disinfectants](#)
- [Infection Control](#) in Long Term Care Settings
- Infection control in [Memory Care](#) Settings
- [Healthcare Infection and Prevention](#)
- **Staffing Strategies/Resident Cohorting to help increase Infection Control:** In this approach “bundling of care” is appropriate. This is utilized when a nurse/staff is providing care to high risk residents such as” exposed” or “probable/positive”. All needed care for that period of time is done at once, by the same nurse or staff. This further serves to limit exposure as well as conserve on critical PPE. In this approach care needs would be provided to non-exposed residents first with a procedure mask and routine precautions, then care needs provided to exposed residents using a procedure mask, goggles/face shield and isolation gown , and finally probable/positive residents care needs would be provided in highest level of PPE that you are able to supply such as a N95 mask, goggles/face shield and isolation gown. Depending on your supply of PPE, isolation gowns could be left in resident’s rooms for reuse with individual resident. ([PPE Contingency Planning](#)) This method is also used in conjunction with cohorting residents, although we recognize that cohorting can be very difficult in Assisted Living given the nature that each individual apartment is generally thought of as” their own”.

COVID-19 Signs and Symptoms

- People with COVID-19 have had a wide range of [symptoms](#) reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Typical symptoms include cough, shortness of breath, or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of smell or taste. Symptoms of the senior population may present very differently, seniors may seem “off” — not acting like themselves -early on after being infected by the coronavirus. They may sleep more than usual or stop eating. They may seem unusually apathetic or confused, become disorientated, experience low blood pressure, painful swallowing, diarrhea, nausea, vomiting, abdominal pain, or experience falls.

Screening – Essential Personnel, Resident and Staff

- See Visitation Category
- Communities must have a Visitor Log for all employees, families, vendors, ancillary providers – the log should include **date, time, name, contact information, temperature, and purpose** ([Sample Screening Tool](#)) Logs must be kept on record for **6 months**. If the person entering your building is an unknown healthcare provider, they must show an employee issued photo ID.
 - At the time of checking in, follow screening protocol: (*keep log*)
 - Temperature at or higher than **100 degrees**, if yes then deny entry (*no standardized thermometer required – but should physically take visitor temperatures*)
 - Assess for cough, shortness of breath/breathing difficulties, etc.

- Have they traveled internationally to at risk countries or to areas where confirmed COVID-19 cases exist within the last 14 days, if yes then deny entry. This includes the States that are under a [Travel Advisory](#).
- Have they been in contact in the last 14 days with someone that is confirmed OR Investigated to be a case of COVID-19? Or in contact with someone who has self-quarantined? If so should not enter.
- Have mask, gown, and gloves available to reduce risk of spreading any viruses
- Staff should be vigilant for fever or respiratory symptoms (e.g. shortness of breath, new or change in cough, and sore throat) among their residents.
- Implement active monitoring for fever and respiratory symptoms for all **residents** (at least once per shift, 2 times per day)
- Implement active monitoring for fever and respiratory symptoms for all **staff** (upon arrival and **departure** daily)
- **EMT & Fire Personnel – Do NOT require the screening when responding to an emergency.**
- **The USA Postmaster General’s office** has confirmed the following: Postal carriers are not required to go through a screening process in individual buildings
- Post signs requesting anyone to avoid entering if sick or showing signs of illness. (CDC provides [sample signage](#) you can use at your community) (additional [sample signage](#) by CDC)
- Limit to a **single point of entry**, redirect all people to this entrance which should be monitored and where screenings/logs are kept.
- Designate a “docking area” where vendors can leave orders and employees can pick-up/ sanitize (by community policy) and bring into the community.

COVID-19 Reporting/Notification

Reporting/Notification: When a Community has a **Resident** or **Staff** Probable/Positive COVID-19 Case:

- ODH Infectious [Disease Reporting](#): COVID -19 is a category A with **special reporting** requirements that were amended by Dr. Acton to allow **24 hours to report**. ODH and BID stated COVID-19 should be reported to your [Local Health Department](#) (jurisdiction). Since not all LHDs have exactly the same procedures, you should check with them if any further action/notification in terms of the State is required.
- RCFs are Required by the [Director’s Orders](#) to notify all residents/sponsors/guardians in community. [Sample Letter](#). A copy of this letter should be sent to ODH: **246 N High St, Columbus, OH 43215**, (if a call used, need script (send to ODH), documentation, call date, etc.) or a copy of the letter could also be emailed to Rebecca.Sandholdt@odh.ohio.gov , subject line, **Facility COVID-19 notification**. A copy of the letter should only be sent or emailed in the **first case** of a resident or staff member in the building to Ohio Department of Health, **but** the facility must keep the residents and or sponsors notified of any and all subsequent COVID-19 + cases, whether Resident or Staff related.

Notifications to ODH are required the First Time there is a COVID-19 Probable/Positive Resident or Staff. Subsequent cases do not require an ODH letter , but Residents/Sponsors/Guardians must be notified of the changing status/number of cases of COVID-19 in your building as timely as possible (ex. **Regular** calls/emails//newsletters)

- Staff need to be notified of any probable or confirmed cases in your building (residents and other staff members) start of shift, standup meetings, other communication forms

- **ALW provider must additionally report** to the PAA and/or MyCare case manager within 24 hours: [ALW Notification](#)
- EMT's need to be notified prior to coming to community if transporting a COVID-19 Probable/Positive resident. ([First Responder Notification](#))
- Ohio Funeral Homes' Association requested the following: ([Ohio Funeral Directors Recommendations](#))
 - Identify an area for transferring that minimizes exposure for the other residents, employees and funeral home personnel. Limit personnel escorting the funeral staff and decedent from the point of removal to the funeral vehicle.
 - Gather documentation and make available at the transfer area to help avoid going into more than one area in the community.
 - If respiratory infection is the cause of death, advise the funeral practitioner at the **time of initial death notification**.

Visitation

- On June 8, 2020, properly prepared assisted living facilities and intermediate care facilities for individuals with developmental disabilities are allowed outdoor visitation.
- [July 2,2020 Fourth Amended Director's Order to Limit Access to Ohio's Nursing Homes and Similar Facilities, with Exceptions](#) (Order also permitted Hairdressing)
- [ODH Facility Guidelines](#)
- The lifted restrictions as of July 20,2020 apply to Nursing Homes as well, as long as they are able to meet the Director's Order and follow guidelines.
- Because each facility is different, each facility can determine how to best implement outdoor visitations, however, at a minimum, all facilities must develop a policy that includes:
- Review of COVID-19 status in your building, general community and [county status, Ohio Public Awareness System](#)
- The facility has adequate supplies of PPE and essential cleaning and disinfection supplies to care for residents
- The facility has adequate access to COVID-19 Testing
- Referral hospital(s) have bed capacity on floors as well as ICU availability
- Screening for temperatures and symptom-reporting for visitors (log must be kept for 6 months)
- Obtain Visitor contact information (log must be kept for 6 months)
- Scheduled visits and time limits for visits (1 hour), Visitor limitation (no more than 3), age requirement of visitors (no one under 2 years of age)
- Proper social distancing measures during visitation
- Face coverings on all visitors and staff
- Resident, family, and friend education about the risks of the spread of COVID-19
- [Visitation Guidelines](#)
- Sample [Family/Friend Educational Letter](#)
- Sample [Resident Educational Letter](#)
- Ensure your contact sheets for employees, family members and resident representatives are all up to date
- discourage residents going out with their family as it poses a risk not just to the individual or their family but to everyone in your community. All efforts are to reduce exposure.
- Encourage communication for residents to visit and stay in touch with their family. (use remote tools such as Skype, FaceTime, or other chat options, Social Media, text, conference calls, etc.)

- Home Health, Hospice, Physicians – anyone providing medical or support care (ADL’s) would be considered “essential” and would be exempt from visitor guidelines. **However**, these individuals all need to be screened prior to entry.
- Hospice Exemption : [Director’s amended Order](#) to limit access to long term care facilities, allows visitation at imminent end of life. Hospice support team are not restricted, and it is the expectation that these services continue based on the care plan of the resident. **Providers should notify family members when a resident's substantial change of condition indicates end-of-life is approaching. Providers should not wait until a resident is actively dying to allow visitors.**

Dining/Activities

- **Communal dining** in Assisted Living was never prohibited under a State Order for licensed homes in Ohio. CDC, however, strongly recommended halting communal dining at a point in the pandemic, but it was not a requirement.
- ODH stated communal dining was appropriate as long as social distancing was maintained. This could be accomplished by staggered dining hours, assigned table at all meals, must still ask resident if preference is to dine in apartment.
- **Activities** – The BID(Bureau of Infectious Disease) stated that an activity (such as painting or exercise in the activity room) in a small group of 10 or less, socially distanced at least 6 feet apart would be permitted, whereas a larger group or a group of non-socially distanced residents would not be allowed. In order to participate in these small groups, the resident must be able to maintain social distancing.

Assisted Living Testing Initiative

Director McElroy of the Ohio Department of Aging has been working with a group, CHS Investments to bring testing to Assisted Living staff and residents in Ohio. The tests are saliva tests from MLife Dx True. She has been promised first priority and a turnaround time of no more than 48 hours, although she anticipates even less. All the initial baseline tests would be free to providers as well as a second round of staff and an as needed resident testing. The Director hopes Assisted Living communities will utilize this program ultimately to regularly test staff.

[Director of Aging Letter - AL Testing Initiative](#)

Quick Links For information on AL Testing Initiative:

[Saliva Collection Process](#)

[How to Create an Order Video](#) - Basic information on how to input data into portal, covers implied Doctor’s Order

[Ohio Portal Facility Guide](#) - Detailed information on the overall Assisted Living Testing

[Administrator Focus Slides](#)

[Administrator Focus Video](#)

[Practitioner Focus Slides](#)

[Practitioner Focus Video](#)

[Shipping Information / Shipping Card](#)

Guidance:

PPE Strategies/Structuring Quarantine and Isolation Assistance

PPE is an ongoing issue for all Assisted Living communities. As you need these supplies, reach out to your [local health department](#), [EMA](#) and [Regional Healthcare Coalition](#). If you have a resident that is discharging from the hospital and you need additional PPE to ensure a safe return to your community, let the discharging hospital know that you are in need of PPE and request that they provide PPE so that the resident can be returned

- Complete any mandatory PPE surveys that will come out through EIDC account asking about availability, staffing and PPE supplies – this survey will help ODH designate where supply needs are throughout Ohio.
- Reach out to your local [EMA to Request Resources](#)
 - Put your community on a “waiting list” for PPE supplies with your local EMA

Below are some resources on PPE that can help you strategize and request PPE.

[PPE when Caring for COVID-19 Resident](#)

[CDC Strategies to Optimize PPE](#)

[How to request PPE through EMA](#)

[Information you need to provide to EMA](#)

[Regional Healthcare Coordinators](#)

[Key Terms and Concepts of PPE](#)

Testing Strategies

There are 2 strategies utilized for return to work for staff with confirmed or suspected COVID-19

1. **Test-based strategy.** Exclude from work until:

Resolution of fever without the use of fever-reducing medications **and** Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and** Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens) [See Return to Work for Healthcare Personnel](#)

2. **Non-test-based strategy.** Exclude from work until:

At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**, At least 10 days have passed *since symptoms first appeared*.

Viral Testing: Used for initial diagnostic testing for COVID-19. These tests check samples from the respiratory system (such as swabs of the inside of the nose, nasopharyngeal) to tell if there is a current infection with SARS-CoV-2.

Antibody Testing:

These are blood tests that check for antibodies in the blood which show if there was a previous infection from the virus. Results will vary depending on the timing of the test and the time of any infection. There are times when these tests will not find antibodies because the body has not manufactured them yet.

PAART Program – Testing

If you are a provider in **Franklin, Delaware, Fairfield, Licking, Madison, Pickaway or Union** county you should be aware of and have received information on the **PARRT** (Post-Acute Rapid Results Testing) program. This program is available to all Franklin and contiguous county NFs and ALs; it permits you to request with a doctor's order a “swab” team to come to your building to test a resident for COVID-19. There is a 24 hour a day central call number provided through National Church Residences. Please check links below for more information on the program and what you need to have ready should you need to participate.

[PAART Program General Information Fact Sheet](#)

[PAART Facility Information](#)

[PARRT lab submission Form](#)

Testing Priorities

Testing remains an issue for all Long Term Care Facilities in Ohio The Department of Health has established [Testing Priorities](#). These priorities make it very difficult to get an individual tested that does not display symptoms of COVID-19, this has been problematic when communities are requesting testing prior to admission, whether from home or a Nursing facility.

Priority1: Hospitalized Patients, Healthcare workers with symptoms

Priority 2: Residents/Staff of long-term care facilities that are symptomatic or that have been exposed to Probable/Positive COVID-19, patients 65 years and older with symptoms, patients with underlying conditions with symptoms.

Priority 3: Individuals with and without symptoms all across the healthcare system

Priority 4: Individuals within the community

Priority 5: Individuals not in the previous priorities

Payment for Testing: While Medicare will pay for testing with a physician order, Labs may not bill Medicare directly and require payment up front and require the resident to submit for payment. Staff testing is generally a provider responsibility.

Admissions

- ODH suggested a virtual video walk-through Tour and/or pictures instead of in person Tours, this limits resident exposure.
- Move-ins are **not** banned and would be at the discretion of the community/company following RCF regulations.
- Assisted Living communities should have a procedure/plan in place for new admissions during the COVID-19 pandemic. General practice by providers -if the resident is coming from the community a negative COVID-19 test, initial screening, and 14 days of quarantine in the community, 2x per day

temperature and symptom checks. If coming from the hospital 2 negative tests, if possible, followed up with screening and 14 days of quarantine in the community with regular, 2x per day, temperature and symptom checks.

- Everyone will still **require** screening and should follow the Executive Order
- Move-ins would require standard RCF health assessments along with COVID-19 screening
- Most Providers are requiring a negative COVID-19 test as well as a quarantine period

Regulatory Temporary Pandemic Related Changes

- OBN authorized the issuance of temporary licenses to RN/LPN who have finished their training from an accredited school but not yet taken & successfully passed the nursing exam (NCLEX). Guidelines and applicant information can be found on the [OBN website](#).
- Background Checks for new hires –
 - ODH [Notice on Background Checks](#). These must be done per RCF rules. Locations are open to run these background checks; however, this might require applicants to travel county wide or to a different county for the checks. There is a listing of open sheriff offices, but suggest you call to confirm and check hours of operation. They state the [Attorney General's website](#) has a list of LiveScan vendors across Ohio too.
 - If needed print or purchase forms and do fingerprinting with cards and inkpads, as done prior to 2000, at your community and sent them in to be processed. ODH confirmed that BCI would still accept and process these cards. There is a small section at BCI that handles this “old” process. This could delay results.
 - BCI Civilian [Background Check Information](#) . (Telephone contact number: 1-877- 224-0043)

Definitions

Incubation:

The **incubation period** is the time from exposure until the first symptoms develop in a disease. The incubation period for COVID-19, which is the time between **exposure** to the virus (becoming infected) and **symptom onset**, can be up to 14 days. During this period, also known as the “pre-symptomatic” period, some infected persons can be contagious. Therefore, transmission from a pre-symptomatic case can occur before symptom onset.

Communicable:

By definition, communicable, is the ability of (a disease) to be transferred from one individual to another. This can be by direct or indirect contact. An individual is thought to be communicable with COVID-19 approximately **2 days prior to symptoms onset** (showing signs of symptoms of the virus).

Isolation and Quarantine

While these terms seem to be used interchangeably at times during the COVID-19 Pandemic, they are in fact different and represent different situations as well as procedures.

- **Isolation** separates sick people with a contagious disease from people who are not sick. Isolation would be used for Residents that had tested positive for COVID-19 or were not tested, but showing symptoms, therefore making them Probable cases. When a resident is in an isolation status the highest available PPE equipment should be utilized for staff caring for resident(s).
- **Quarantine** separates and restricts the movement of people who were **exposed** to a contagious disease to see if they become sick. Quarantine would be used for a resident that had been exposed to positive or probable COVID-19. Staff caring for residents in quarantine should still be cautious with all care, using Surgical/medical facemasks, goggles or face shields, gowns and gloves. These individuals should remain in quarantine for 14 days

Cohorting –

Cohort nursing refers to the grouping or placing of residents with the same infection in an isolated area so that there is minimal exposure risk. Cohorting of residents as well as cohorting of staff dedicated to caring for those residents is recommended to maintain strict isolation.

Bundling of Care

This is utilized when a nurse/staff is providing care to high risk residents such as” exposed” or “probable/positive”. All needed care for that period of time is done at once, by the same nurse or staff. This further serves to limit exposure as well as conserve on critical PPE. In this approach care needs would be provided to **non-exposed** residents first with a procedure mask and routine precautions, then care needs provided to **exposed** residents using a procedure mask, goggles/face shield and isolation gown , and finally **probable/positive** residents care needs would be provided in highest level of PPE that you are able to supply such as a N95 mask, goggles/face shield and isolation gown. Depending on your supply of PPE, isolation gowns could be left in resident’s rooms for reuse with individual resident. ([PPE Contingency Planning](#))

Resource Tools:

COVID-19 Resources ODH

[Key Points for Assisted Living Communities](#)

[Guidance for Discontinuing Transmission based Precautions for Patients](#)

[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

[Healthcare Isolation Centers](#)

[Pre Surge Planning Toolkit](#)

[ODH Facility Guidelines for Assisted Living Visitation](#)

State Orders & Supporting Documents

[Dated March 11, 2020, ODH Directors' Orders - Limit access to Ohio LTC](#)

[Dated March 12, 2020, ODH Directors' Orders Limit Mass gathering](#)

[Dated March 13, 2020, ODH Directors' Orders – Amended Access to LTC](#)

[Dated March 17, 2020, ODH Directors' Orders & Rules on Pandemic Childcare Centers](#)

Ohio Funeral Directors' Association – [Guidance for limiting unnecessary exposure](#)

[Director's Order to Facilities Requiring Notification to Residents, Guardians and Sponsors of Positive/Probable COVID-19](#)

[4th Amended Order Regarding Limited Access to Ohio Assisted Living](#)

[Director's Second Order to Extend the Expiration of Certain Orders](#)

Ohio Public Health Advisory System

[Overview](#)

Regional Healthcare Zones and Regions Resources

[Regional Hospital Zone Map](#)

[Regional Healthcare Coordinators](#)

[How to request PPE through EMA](#)

[Information you need to provide to EMA](#)

COVID-19 Resources CDC

[Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19,](#)

[Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings](#)

[Discontinuation of Isolation for Persons with COVID-19 Not In Healthcare Settings,](#)

[Interim Guidance for Risk assessment and Public health Management of HCP with Potential exposure in Healthcare settings](#)

[CDC Printable Resource Posters](#)

[CDC Key Points for Assisted Living](#)