

Subject: COVID-19, Expected Assisted Living Residence Response to Orders: Directives and Guidelines

What to do if a resident has suspected COVID-19 - During this public health emergency, resources are already strained. What can an ALR/ACF do if a resident has suspected COVID-19 or other respiratory illness?

- If a resident has COVID-19 symptoms (fever, cough, shortness of breath), consider a telehealth visit or nurseline advice instead of calling EMS as a first response. Ask the resident's primary care provider if they offer telehealth visits or call one of Colorado's nurselines.
- Calling a nurseline can give you more information about what to do next. A nurse can help you decide when to contact the resident's doctor or visit a health care facility.
- Telehealth can connect you with a doctor through a live-video call. Using telehealth, a doctor can assess the resident, give you a treatment plan that fits the resident's needs, or recommend COVID-19 testing if applicable.
 - Telehealth can help you get medical advice faster, and by using telehealth, you help keep hospital resources available for people who are seriously ill. You are also potentially limiting the spread of COVID-19 in your community.
- In Colorado, telehealth is covered by all insurance plans.
- Calling a nurseline is typically free but some nurselines may have rules about who they serve.
- Visit <https://covid19.colorado.gov/telehealth-nurselines-directory> for available services.
- If a resident is having a medical emergency, call 911. Tell the dispatcher the resident's symptoms. If possible, put on a face mask before emergency medical services arrive or immediately after they arrive.

CDPHE is providing the following guidance to people experiencing symptoms of COVID-19:

- **For residents with mild symptoms:** Early on, symptoms may feel like a common cold, including a combination of cough, body aches, fatigue, and chest tightness.
- Residents who are not at high risk of severe illness may not need to be evaluated in-person or tested for COVID-19. Not everyone with symptoms or who may have been exposed to COVID-19 will be tested right away.
- If a resident has mild symptoms including a fever, cough, shortness of breath, or suspect that they were exposed, please isolate the resident and avoid unnecessary contact with others until:
 - The resident has had no fever for at least 72 hours (that's 3 days of no fever without the use of medicine that reduces fevers) **AND**

- other symptoms have improved (for example, cough or shortness of breath have improved) **AND**
 - At least 7 days have passed since symptoms first appeared.
- **For residents with more serious symptoms**, especially if they are experiencing shortness of breath:
 - Continue to isolate.
 - Call the resident's health care provider, especially if the resident is experiencing shortness of breath.
 - Consider a telehealth visit or nurseline advice before seeking in-person care. You can find a list at covid19.colorado.gov/telehealth-and-nurselines.
 - **For residents with severe symptoms:** (severe shortness of breath or difficulty breathing)
 - Call 911 and tell the dispatcher the resident's symptoms.
 - Call 911 for:
 - Symptoms of heart attack or stroke
 - Difficulty breathing
 - Choking
 - Difficulty speaking, walking, or seeing
 - Severe allergic reactions
 - Confusion, dizziness, or disorientation
 - Sudden, severe pain
 - Continue to stay up to date by visiting covid19.colorado.gov.
 - **In the event the residence becomes aware a resident has COVID-19, the residence is required to:**
 - Call the county's public health agency to report it and receive guidance.
 - Keep a log of other residents, visitors, and staff who interacted with the afflicted resident. Be able to report all residence staff who had interactions.
 - Restrict activities and resident engagement to prevent exposure to other residents.

Resident Rights

- Chapter VII regulations, Section 13, requires residents to have the right to personal and community engagement. At this current time, there is no law or order that prohibits a resident from leaving the residence. However, a residence should strongly encourage residents to stay at the residence and practice social distancing.

- The residence may not restrict a resident from leaving the residence, unless the resident is living in a locked and secure environment, as licensed in accordance with Section 25, Chapter VII rules.
- Residences are not permitted to refuse entry to a resident following time in the outside community. Residences should screen returning residents, as referenced above, and if symptoms are apparent, should allow the resident back to their room and implement self-isolation precautions.

Implement infection control practices

- Review current infection control practices and implement necessary actions and best practices to prevent potential disease transmission.
- Re-train all staff on the residence's infection control policies and procedures to prevent the spread of infections. All staff need to be aware of COVID-19 symptoms and who to report new resident symptoms to. Further, all staff should monitor themselves for signs and symptoms of respiratory infections and self-isolate for 14 days if symptoms occur, along with contacting the residence.
- Reinforce the expectation of frequent hand hygiene with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol (60% or higher) based hand rub solution (ABHR).
- Avoid touching your face.
- Increase hand sanitizer solutions and/or hand rubs in common areas and entry doors.
- Increase signage for strong hand washing and cough etiquette. Cover coughs and sneeze into a tissue and dispose into no touch trash cans.
- Disinfect surfaces after visitors. Frequently disinfect commonly touched surfaces such as: phones, handrails, elevator buttons, doorknobs, light switches, cabinet handles, tabletops, and chairs.

Implement guidance and ways for stimulating self-isolating residents:

- Consider alternate communication means for residents to communicate with family and friends: such as cell phones, video and email communications through tablets. Assist residents as needed. Anticipate their need for assistance with technology.
- Provide residents with games on tablets.

- Make available requested books on tape, tablet or hard cover, anticipate their need for assistance with new equipment and keep books, magazines and tablets always within reach.
- Assist residents with in-room music choices and assist with the multitude of television programming available.
- Make routine, safe distance checks on residents who are self-isolating behind their closed apartment doors.