

Health Information for APD Licensed Group and Foster homes

- **Keep COVID-19 from entering your facility:**
 - No visitors except for compassionate care situations (e.g., end of life).
 - Restrict all volunteers and non-essential providers, including consultant services (e.g., barber, construction workers).
 - Actively screen all employees for fever and respiratory symptoms before starting each shift and upon ending each shift; send them home if they are ill. Have a delegated person at the home whom the employee will report to if they develop symptoms off-shift.
 - For homes with a suspected or confirmed COVID-19 case, employees should self-monitor for fever or respiratory symptoms (e.g., shortness of breath, new or change in cough, and sore throat) daily, and tell their supervisor if they have symptoms. They should also not report to work if they develop symptoms.
 - Cancel all community trips outside of the home.
 - Group home staff should identify and maintain a list of the names, contact information, and non-residential services in which residents have participated should they need to be alerted about suspected or confirmed COVID-19 cases in the facility.
- **Identify infections early:**
 - Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic from the other residents.
 - Residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.
 - Notify the health department if: residents or the staff have been tested or has a confirmed case of COVID-19.
- **Prevent spread of COVID-19:**
 - Cancel all large group activities (10 or more) and ensure residents and staff practice social distancing. Social distancing is defined as maintaining a distance of at least six feet from the next person.
 - If facemasks are available, they should be used by all who enter the home
 - If facemasks are in short supply, they should be prioritized for those staff who are providing personal care.
 - **If there is any resident with known or suspected COVID-19 identified in the facility**, when PPEs are available, wear all recommended PPE for resident care.
 - Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.
 - In times of PPE shortages
 - The same facemask and eye protection may be used during the care of more than one resident. The mask must be discarded when:
 - Damp, damaged, or hard to breathe through;

- If used during an aerosol generating procedure such as nebulization;
 - If contaminated with blood or other body fluids.
- Eye protection must be replaced (can be reused after cleaning and disinfection) when:
 - Damaged or hard to see through;
 - If used during an aerosol generating procedures such as nebulization;
 - If contaminated with blood or other body fluids.
- Strengthen hand hygiene adherence. Keep sinks stocked with soap and water. Post handwashing signs in the bathroom and kitchen, and remind residents of the need to thoroughly wash their hands.
- If facility policies, procedures, and products for environmental cleaning and disinfection for healthcare settings are not in place, at a minimum use the “Interim Recommendations for US Households with Suspected/Confirmed Coronavirus Disease 2019” https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html including the use of EPA-registered disinfectants <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>
- **Assess supply of Personal Protective Equipment (PPE) and initiate measures to optimize current supply:**
 - Maintain inventory and strict access controls on your PPE stores due to the risk of inappropriate use or theft.
- **Identify and manage severe illness:**
 - Facilities perform appropriate monitoring of ill residents throughout a shift to quickly identify residents who require transfer to a higher level of care.
 - Ask all asymptomatic residents about symptoms at least once a shift.
 - **Call 911 for any resident in acute distress.**
- **Communicate**
 - Communicate to residents and families advising them about actions that the home is taking in response to COVID-19. This should include informing them of visitor restrictions.
 - Communicate to residents about what they need to do – such as social distancing, informing personnel immediately if they feel ill, and the importance of hand hygiene and cough etiquette.
 - Communicate to residents about other changes that will take place with regards to their care such as higher frequency of monitoring of symptoms.
 - Group/foster home managers should adhere to the Governor’s Executive order related to visitors and ensure compliance.
 - Any visitor that does come into the home after screening should be logged and tracked.