

## **Infection Prevention and Control in Assisted Living Communities**

### **PRESS STATEMENT:**

“We are doing everything we can to ensure we stop the spread of this illness within our community. We currently have **{#}** confirmed positive COVID-19 case{s} associated with our community, and we are in very close communication with local and state health officials to ensure we are taking the appropriate steps at this time. Our staff and residents are following the recommended preventative actions, we have restricted visitors from entering our community, and cancelled all group activities and communal dining within the building until the virus has been eradicated.”

### **TALKING POINTS:**

- Due to patient privacy laws, we are unable to share any further specific information about the confirmed case(s) in our community, but we have notified their immediate family members and the rest of our residents’ families.
- Resident safety is a top priority for **{ALCOMMUNITYNAME}**. This virus is especially dangerous to our population—older adults with underlying health conditions—so, this is a critical issue that requires our immediate attention.
- **{ALCOMMUNITYNAME}** is in close contact with our local and state health departments, as well as the CDC, to stay up to date on the information to prevent and manage the spread of Coronavirus.
- Assisted living providers rely on local, state, and federal resources to help prevent the spread of this virus.
  - **{POSSIBLE TALKING POINTS – Update with specifics for situation}**
  - We have implemented suggested usage of personal protective equipment (PPE) so our health care workers have the proper armor for this battle. We have acquired the PPE from a variety of sources including, {e.g. our normal procurement suppliers, the State, volunteer contributions, etc.}
  - We are thankful that the state VDH is assisted with providing testing for residents and staff per government guidelines and available resources.
- We have reviewed and updated our infection prevention and control plans, our emergency communication plan, and other plans as needed to properly respond to the current situation.
- We are following general public health best practices: handwashing, using alcohol-based hand sanitizers and covering coughs and updating our policies and procedures as the guidelines are updated.
- We have reinforced to our staff that anyone who is sick should stay home, and we are screening all essential personnel as they enter the building.
- We will continue to keep family members up to date as this situation unfolds, so they have the latest information about their loved ones.
- We are restricting all non-essential personnel, per direction from local health department (as well as the federal/state government).
- Family members can interact with their loved ones by using video chat, calling, texting, or checking in on social media.

## **SAMPLE MEDIA COMMUNICATION: Statement & Talking Points for Communities with COVID-19**

*UPDATE SPECIFICS AS NEEDED TO APPLY TO YOUR COMMUNITY.*

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### **COMMON MEDIA QUESTIONS:**

*Should families who are worried move their loved ones out of assisted living communities?*

- No. Moving the elderly or frail is risky and often has long-lasting impacts. Research around natural disasters and other emergency events has proven this over time. CDC does not currently recommend transferring residents either home or to the hospital.

*How concerned are you for assisted living residents?*

- We know that the frail and elderly are especially susceptible to this virus. That is why we are in close communication with our local health department, CDC and other government agencies to ensure we have the latest information and resources available.

*Are you having trouble getting things like masks and gowns?*

- We have heard that some long-term care providers are having some of the same difficulties as other health care providers getting personal protective equipment (PPE) such as masks, gloves, gowns, hand sanitizer, and thermometers. In our community, we **{PROVIDE INFO ON YOUR SUPPLIES (e.g., conservation efforts)}**
- **{POSSIBLE TALKING POINTS – Update with specifics for situation}** We have reached out to the state and local health departments and area hospitals/other health care providers when we are unable to place orders for equipment we need.
- It's important to remind the public that the CDC does not recommend surgical masks for the general public—cloth face coverings are acceptable—so we can prioritize masks for health care workers. We also urge members of the public to not hoard items like hand sanitizer, so we can make that available to residents and staff, who need to use it regularly.

*If staff have to stay home because they are sick/schools close, how are you ensuring that there are enough staff to care for your residents?*

- Our state and national associations are encouraging both federal and state governments to waive current licensing requirements that would hinder care professionals from working across state lines, so we can potentially address any shortages due to employees needing to stay home.
- Our state and national associations are also advocating for priority testing for our employees and residents, so we can quickly identify whether staff need to remain at home or if they can come back to work.
- In addition to workforce agencies, our state is utilizing unique programs such as the Virginia Medical Reserve Corps to assist with meeting staffing shortages for long-term care communities.
- **{PROVIDE STEPS COMMUNITY IS TAKING REGARDING STAFFING}**

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### **BACKGROUND:**

- To decrease the risk of viral outbreaks in long term care centers, two processes need to be in place.
  - First, efforts should focus on how to decrease the introduction of viruses into a community.
  - Second, steps to decrease the spread of a virus between residents need to be in place and followed consistently.
  - Even then, outbreaks may still occur. Communities should have a process to limit the spread of a virus and also treat individuals with an infection to decrease the risk of illness exacerbation, hospitalization, and in severe cases, death.
  
- Steps to help prevent the introduction of a virus into long term care centers (or any health care facility) include:
  - Keeping all ill individuals from visiting the community, including family, volunteers, and non-essential or ill employees.
  - Requiring individuals are permitted to visit a long-term care community to wear a mask when viral infections are at increased levels in the community, including postal workers, hospice and palliative care providers, and government officials, such as licensing representatives.
  - Encouraging frequent hand hygiene by making alcohol-based hand sanitizer dispensers readily available, in locations such as in or near each resident's room as well as in the entry area and common areas.
  - Immunization of health care workers (e.g. influenza, measles, diphtheria, pertussis, chicken pox) or limiting health care workers physical interaction with residents when not immunized or using masks when such viral infections are found at increased levels in the community.
  
- Steps to help decrease the risk of viral spread within a community include:
  - Ongoing hand hygiene at high levels. This can be achieved with: Readily available alcohol-based hand sanitizers in locations such as in or near each resident's room, common areas, etc.
  - Regular and frequent internal monitoring systems of hand hygiene with regular feedback to staff.
  - Visual reminders that hand hygiene helps residents stay healthy.
  - Early identification of viral infections that cause upper respiratory illness (e.g. "colds", "flu", or "winter crud") that lead to steps that prevent viral spread. Preventative measures include: Early contact isolation and droplet protection for individuals with flu-like symptoms before a definitive diagnosis is made. This includes: Keeping ill individuals away from healthy individuals (e.g. ideally by cohorting ill residents together, though cohorting may not be possible given the physical space and structure of communities).
  - Use of masks on residents with symptoms if they need to leave their rooms, which should be severely restricted.
  - Use of personal protective equipment by staff and visitors for droplet protection.
  - Use of appropriate cleaning products on surfaces that are cytotoxic for common viral infections and changing these cleaning products when the harder to kill infectious agents are identified and requires special cleaning products, such as C. diff, norovirus and adenovirus, which should be readily available to the community staff.