

## Senior Housing and COVID-19<sup>1</sup>

March 25, 2020

### **Key Facts**

- Residents should stay home as much as possible. Avoid non-essential travel, crowds, and unnecessary errands.
- Residents should have access to several weeks of medications and supplies.
- Facilities should restrict visitors to essential visits only.
- Facilities should also screen staff and essential visitors for fever and respiratory symptoms such as cough and shortness of breath
- Facilities should post signs encouraging hand washing and personal hygiene.
- Cancel all public or non-essential group activities and events
- Facilities should continually communicate the seriousness of the COVID-19 outbreak to residents – particularly the steps they can take to reduce their risk. The identity of a suspected or confirmed case is protected health information and may not be disclosed. Alerting residents about possible cases is not necessary – residents and staff should be following the guidelines below regardless.

**CDC guidance for retirement communities and independent living can be found [here](#).**

### **What are the symptoms of COVID-19?**

Symptoms of COVID-19 are fever and respiratory symptoms such as new cough or difficulty breathing.

### **How is COVID-19 spread?**

COVID-19 is spread person-to-person. It is primary spread through respiratory droplets, when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly inhaled into the lungs. It is primary spread between people who are in close contact with one another (around 6 feet). It can also be spread by touching a surface or object that has the virus on it and then touching your mouth, nose, or possibly eyes.

People are thought to be most contagious when they are most symptomatic (the sickest). Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

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<sup>1</sup> Adapted from "Frequently Asked Questions: Coronavirus Disease 2019 (COVID-19) and Older Adults" Maryland Department of Health. [https://phpa.health.maryland.gov/Documents/FAQ\\_covid19\\_older\\_adults.pdf](https://phpa.health.maryland.gov/Documents/FAQ_covid19_older_adults.pdf) Accessed March 21, 2020, "Discontinuation of Home Isolation for Persons with COVID-19 (Interim Guidance)." Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html> Accessed March 21, 2020, "Coronavirus Disease (COVID-19) Guidance for Congregate Settings." NYC Department of Health. <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf> Accessed March 21, 2020, and "Information on coronavirus (COVID-19) for organizations housing older adults in the community" King County Department of Health. <https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/novel-coronavirus/senior-housing.aspx> Accessed March 21, 2020.



***Who is at highest risk of developing severe disease?***

Older adults and people who have severe underlying chronic medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

***What can everyone do?***

- **Stay home as much as possible.** Avoid non-essential travel, crowds, and unnecessary errands. Consider delivery of food, prescriptions, and other supplies.
- **Practice social distancing.** Avoid crowds. Keep 6 feet apart from others. Avoid handshaking or hugging.
- **Wash hands frequently** with soap and water for at least 20 seconds. If soap and water are not available, alcohol-based hand sanitizer can be used.
- **Avoid touching faces** with unwashed hands.
- **Clean high-touch surfaces often.** High touch surfaces include:
  - Canes, walker grips, wheelchair arms, push handles and brake handles
  - Handrails and commode chair handrails, faucets, doorknobs, and refrigerator handles
  - Reacher/grabber handles and pill boxes
  - Telephones, remotes and light switches
- **Have at least several weeks supply of medications, groceries, household items.**

***Should residents monitor themselves for signs of illness?***

Given ongoing community spread of COVID-19, individuals should continuously self-monitor for symptoms such as fever and cough or difficulty breathing. Older adults and people of any age with certain serious underlying medical conditions like lung disease, heart disease, or diabetes are at a higher risk for developing more severe complications from COVID-19 illness. Therefore, they should notify their primary care physician early on and monitor their symptoms.

***What if residents are ill?***

Facilities should continually communicate the seriousness of the COVID-19 outbreak to residents – particularly the steps they can take to reduce their risk. The identity of a suspected or confirmed case is protected health information and may not be disclosed. Residents and staff should be following the guidelines below regardless.

- **The residents should notify their primary care physician early on if they feel ill and monitor their symptoms.** Older adults and people of any age with certain serious underlying medical conditions like lung disease, heart disease, or diabetes are at a higher risk for developing more severe complications from COVID-19 illness. If there is a life-threatening symptom, call 911.
- **Emergency warning signs for immediate medical attention:**
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion or inability to arouse
  - Bluish lips or face

- **The resident should stay in their room.** Residents should stay in their room until they feel better. Please see below on when to end isolation. Residents who are ill should be in single rooms as much as possible. If single rooms are not available, residents who are ill should be grouped together.
- **As much as possible, have food and supplies dropped off at the resident's door.** People who do need to enter the resident's room should wash their hands with soap and water after completing their visit. The sick resident should wear a face mask or be in a different room as much as possible. See more guidance on how to care for individuals who are ill in a home setting.

**Guidance on how to clean and disinfect can be found [here](#).**

### ***How does one care for someone who is ill?***

- Make sure that the sick person drinks fluids to stay hydrated and rests at home
- Over the counter medicines may help with symptoms
- If someone is entering the room, the sick person should wear a face mask, and the person entering should also wear a face mask. The person entering the room should also wash their hands, especially after interacting with the sick person.
- Wash laundry thoroughly. If laundry is soiled, wear disposable gloves and keep the soiled items away from your body while laundering. Wash hands immediately after removing the gloves.

**More information can be found [here](#)**

### ***How does one end home isolation?***

Due to shortages of testing supplies, many people will not be tested for COVID-19. To conserve testing supplies and person protective equipment such as masks, testing is being prioritized for those who are critically ill and admitted to the hospital.

Home isolation ends when:

- At least three days (72 hours) has passed since the patient is free of fever without the use of fever reducing medications, AND improvement in respiratory symptoms (cough; shortness of breath) AND
- At least 7 days have passed since symptoms first appeared

These are the same criteria that are used to end home isolation for those tested for COVID-19.

**More information can be found [here](#).**

### ***Are there any specific cleaning recommendations?***

Clean areas that are commonly touched such as counters, tabletops, doorknobs, and workstations. Use household cleaning sprays or wipes according to the label instructions.

### ***What if there is someone who is positive for COVID-19?***

The identity of a suspected or confirmed case is protected health information and may not be disclosed. Staff or individuals who may have been exposed to someone with confirmed

COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.

The health department will be made aware of the test result through mandatory laboratory reporting.

The health department will interview the employee, and ask questions about where they spend their time, including their work environment. Based on when the individual developed symptoms and who they were in close contact with while symptomatic, the health department may reach out to the employer.

### ***What can facilities do?***

- **Restrict visitors to essential visits only**, such as providing direct care to the resident. Encourage other forms of communication, such as phone and video calls
- **Screen staff and essential visitors** for fever and respiratory symptoms such as cough and shortness of breath. Sick individuals including staff must not enter if they answer “yes” to any of these questions.
- **Cancel all group activities and congregate meals**. Switch to “to-go” meals or meal delivery. Stagger pick-up times for meals to make it possible for residents to stay 6 feet apart from each other at all times.
- **Close common spaces**. Try to find ways to give people more physical space so that they aren’t in close contact as much as possible. Limit any gatherings to fewer than 10 people and ensure they are at least 6 feet apart.
- **Clean high-touch surfaces often** like doorknobs, handrails, tables, chairs, elevator buttons with a standard disinfectant, like a bleach solution.
- **Post signs at all entrances and elevators instructing all staff, residents, and essential visitors how to prevent COVID-19 transmission**, such as:
  - Cover your cough
  - Social distancing-maintain 6 feet apart
  - Wash your hands.
- **If feasible, enhance ventilation in common areas such as waiting areas.**
- **Make tissues and hand sanitizer widely available and stock soap and towels in bathrooms.**
- **Take inventory of cleaning supplies and personal protective equipment** like gloves and masks; call your supply chain retailer to check for shortages. Require staff to wear masks and wash hands before and after entering any resident’s room if entry is necessary.
- **Restrict entry into ill residents’ rooms to only those providing direct care** to the resident. Care providers must wear disposable gloves and a mask when entering an ill resident’s room and keep 6 feet apart from the ill resident as much as possible. When a caregiver must have physical contact with the person who is ill (e.g., helping to bathroom, bathing, changing clothes), the caregiver must cover his/her clothing with a disposable gown. Whenever leaving the bedroom, the caregiver should remove the

gloves, the mask, and the disposable gown, and carefully put them in a trash can in the room, then wash his/her hands.

- **Limit staff to one facility or one set of floors as much as possible.** Try to minimize the different numbers of residents with whom staff interact.
- **Address increased stress and anxiety given decreased social interactions.** More information on managing stress and anxiety can be found [here](#).
- **Review plans for respiratory outbreaks.** If multiple residents become ill, review how to group ill residents into common areas, if applicable. Group staff so that staff are taking care of groups of ill or healthy residents.

Visit <https://health.baltimorecity.gov/novel-coronavirus-2019-ncov> for more information about COVID-19.