QUALITY IN ASSISTED LIVING COLLABORATIVE

# Infection Prevention & Control Guidelines for Assisted Living Communities

ARGENTUM
EXPANDING SENIOR LIVING

asha
American Seniors Housing
ASSOCIATION

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nara

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# DISCLAIMER

The information provided in these IPC Guidelines has been compiled to inform and assist Assisted Living Community professionals with decision making on issues related to infection prevention and control. In using these IPC Guidelines please be aware that emerging pathogens and new research findings will need to be considered and may necessitate revisions and updates to these Guidelines. Accordingly, the Quality in Assisted Living Collaborative ("QALC") provides no assurances and makes no representations about the reliability or accuracy of the information provided in these Guidelines. As used in this Disclaimer the term "QALC" shall include its Partnering Organizations (including their respective Board of Directors, officers, staff, and members), as well as all volunteers, consultants, and others who contributed to the creation of the IPC Guidelines.

The use, adoption or compliance with these Guidelines is voluntary. Each individual Assisted Living Community professional, must independently determine what is in the best interest of the health and safety of Residents, staff, and visitors within their jurisdiction or population.

It is recommended that any entity that adopts some or all of these guidelines consider applicability to the various resident populations, its context and relationship to existing legislation and regulation, taking steps to avoid duplication and conflicts. To ensure appropriateness and to develop a comprehensive understanding of the impact on resident care and worker safety, it is also recommended that provider and other stakeholder input be collected. Resources available to small and rural assisted living providers should also be considered prior to adoption.

The use of a professional's independent judgment may affect use of the information provided in these Guidelines. Furthermore, these Guidelines are not intended to be either exhaustive or inclusive of all pertinent information, requirements or considerations that may influence the use, adoption, or application of these Guidelines. Any regulation, instruction or directive issued by a governmental or regulatory authority having jurisdiction with respect to assisted living communities shall supersede any contradictory information included in these Guidelines.

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# INFECTION PREVENTION & CONTROL GUIDELINES FOR ASSISTED LIVING COMMUNITIES

## INTRODUCTION

Communicable infectious disease outbreaks are adverse events which can occur in any assisted living community and pose a potential threat to Residents, staff, and visitors. As a result of our reduced ability to maintain immunity as we age and/or the prevalence of comorbidities, virtually all assisted living Residents can be considered at high risk for infection and infection-related complications, including death. Because of this reality, infection prevention and control (IPC) has, and always will be, an important aspect of assisted living operations.

These Guidelines recommend establishing an IPC Plan. A quality IPC plan can assist in risk identification, disease prevention, early disease detection, and mitigation of disease transmission. During the COVID-19 pandemic, the sector at large gained additional experience, revealing opportunities to update and strengthen IPC plans. When implementing this plan, Communities are expected to recognize and support Resident Rights, which include but are not limited to the right to privacy, the right to refuse service, and the right to have their religious and cultural beliefs respected.

The IPC Guidelines are intended to support assisted living communities in developing and implementing a comprehensive approach to infection control practices to promote the health and safety of staff and residents, as well as quality care. The use, adoption of, or compliance with these Guidelines is completely voluntary. These Guidelines are not intended to be, and should not be construed to be, exhaustive or inclusive of all pertinent information, requirements, or considerations for infection control practices. It is important to note that the assisted living model varies from state to state, resulting in differences in how assisted living is staffed, what clinical services are offered and what resources are available. Thus, some of the practices in this tool may not be appropriate or feasible for all assisted living settings. These Guidelines should be used in conjunction with a community's independent professional judgment based on the unique characteristics of the community (e.g., location, population of residents served, etc.), applicable guidance, directives, and/or orders from federal, state and local public health authorities and agencies, and as appropriate, any advice from a competent professional.

Ideally, these Guidelines will, over time, enhance consistency in the approach to assisted living across states and contribute to quality Resident care.

This document was created to enhance the sector's ability to implement effective infection prevention and control plans and will be periodically updated as warranted. The Guidelines suggest establishing an accountable leader of the program, outline staff training criteria, contain evidenced-based and consensus-based prevention and control practices, and incorporate outbreak investigation and performance evaluation steps.

The IPC Guidelines were developed using reputable sources, such as those available from the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC). These materials were reviewed by a broad spectrum of stakeholders including assisted living providers, state regulatory officials, physicians, consumer representatives, and other interested parties to validate the applicability of these guidelines for the assisted living sector. This step was particularly important given that much of the IPC guidance publicly available is geared to skilled nursing facilities and has not been properly adapted to fit the assisted living sector.

## INFECTION PREVENTION & CONTROL GUIDELINES

Assisted living communities are licensed and required to follow regulations specific to their state. Each state approaches IPC regulations for assisted living communities differently. In no way is this document intended to supersede those regulations or local public health authority. Rather, its intent is to offer guidelines for assisted living providers to consider, modify, and adopt as they see fit, either in its entirety or in its parts.

These IPC Guidelines were developed by the Quality in Assisted Living Collaborative (QALC), which is comprised of five "Partnering Organizations:" The American Seniors Housing Association (ASHA), Argentum, LeadingAge, the National Association for Regulatory Administration (NARA), and the National Center for Assisted Living (NCAL). These organizations joined forces to identify, define, and develop model guidance for assisted living communities.

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# INFECTION PREVENTION & CONTROL GUIDELINES FOR ASSISTED LIVING COMMUNITIES

**Infection Prevention and Control:** It is recommended that Assisted living communities have a written Infection Prevention and Control (IPC) Plan to be implemented by Staff. It is recommended that Other Appropriate Person(s) be advised of the community IPC Plan and requested to adhere to guidelines as agreed upon by both parties and as fitting to the third party and their affiliation with the community. It is recommended that the Program be based on current, evidence-based standards of practice to prevent the spread of communicable diseases and infection in settings that provide care similar to that provided by family members in the home (e.g., assisted living communities, Residential care facilities, adult group homes.) It is recommended that the program include the following:

1. **Designated IPC Leader:** It is recommended that the community designate an IPC leader to provide a consistent point of contact to coordinate and oversee implementation of the community's IPC Plan. The IPC leader may be responsible for more than one community if state regulations allow. It is recommended that the IPC leader meet the following criteria:
    a. Has contact information for a person with IPC expertise (this may include but not limited to a local health department official, an internal or external medical professional, or a research-based medical authority) to advise on the community's IPC Plan and IPC related matters.
    b. Has received **Training** and understands IPC standards as related to assisted living and has the ability and resources to apply and monitor IPC standards within the community/communities.

2. **Annual Evaluation of the IPC Plan:** It is recommended that the IPC leader or designee, in a good faith effort:
    a. Review written IPC policies and procedures at the following intervals and update the Plan as needed:
        i. When new regulations/Evidence-based Guidelines (e.g., CDC/HICPAC) are published,
        ii. In response to an emerging communicable infectious disease pathogen
        iii. During and after an Outbreak as deemed appropriate by the IPC Leader in collaboration with and at the direction of the local public health authority.
            a.) Review policies and procedures utilized and evaluate effectiveness.
            b.) Update/Modify Practices as needed to improve outcomes.
        iv. Prior to any potential building maintenance, demolition, and repair to define the scope of the project and need for barrier measures before a project gets underway.
        v. It is recommended that the IPC Plan be reviewed at least once a year.
    b. **Evaluate Risks** for infections, contamination, and exposures and the Plan's preparedness to eliminate, reduce, or mitigate such risks to improve outcomes by following public health recommendations as outlined by the state health department or CDC. For example, during Flu/COVID there is an increased risk of respiratory illness. Provide education on vaccines to residents and staff, encourage frequent handwashing and wearing masks when appropriate to reduce spread of respiratory viruses.".

3. **Staff Training:** It is recommended that the community have in place an IPC training program which will be overseen by the IPC Leader or their designee(s) and includes the following:
    a. It is recommended that Staff receive infection prevention and control training as state regulations require and at the following intervals:
        i. During new hire orientation and annually.
        ii. Proactive to seasonal illnesses, such as influenza.
        iii. Upon a suspected or confirmed communicable infectious disease within the community as deemed necessary by the IPC Leader or designee.
            a.) It is recommended that Staff providing direct care, and appropriate ancillary Staff, receive more in-depth training on the specific communicable infectious disease, its symptoms, preventions, and controls including PPE requirements.
    b. It is recommended that training topics include:
        i. A general Overview of Communicable Infectious Diseases that may be found in assisted living/memory care communities. It is recommended that content include:
            a.) A general overview of mode of transmission, symptoms, and methods for prevention and control.
            b.) A general overview of applicable vaccinations and why they are important.
        ii. Expectations for monitoring and reporting new symptom onset consistent with a communicable infectious disease.
        iii. Standard Precautions including:
            a.) Hand Hygiene/Alcohol-based Sanitizer Use
            b.) Respiratory Hygiene/ Cough Etiquette
            c.) Sharps Safety
                i.) Safe Injection/Lancet Usage/ Glucose Monitors: It is recommended that Staff who provide/assist with injections/glucose monitoring be trained in safe injection practices.
            d.) Cleaning and Disinfecting the environment including Resident care equipment.
                i.) Disinfection of surfaces with an EPA-registered Hospital-grade Disinfectant according to the label's safety precautions and use directions, which includes adhering to recommended contact time (e.g., the amount of time the surface being disinfected should remain visibly wet with the agent) and using pathogen specific products when available.
        iv. Transmission-Based Precautions including:
            a.) Types of spread: Contact, Droplet, Airborne.
            b.) Isolation protocols.
            c.) Enhanced cleaning and disinfection protocols.
        v. **Proper Use and Disposal of Recommended Personal Protective Equipment (PPE)** and inventory storage location(s).
        vi. OSHA and CDC guidelines on the topic of Bloodborne Pathogens.

vii. Safe Food Handling: It is recommended that Staff who prepare and serve food be trained on Safe Food Handling Practices as informed by CDC and required by the FDA (Food and Drug Administration) food code, local food inspection regulations, and directives from local public health departments. It is recommended that Training include:

a.) Proper cleaning and sanitation of hands and surfaces.

b.) Separating and storing foods to avoid cross-contamination.

c.) Cooking foods to the appropriate temperature.

d.) Chilling foods to prevent bacteria growth.

viii. Handling Clean and Soiled Laundry/Linen: It is recommended that Staff who handle laundry or linens be trained on Safe Laundry Practices as required by local or state health authorities, state regulations, and informed by the CDC and other local/state/federal governing bodies. It is recommended that Training include:

a.) Proper handling and laundering of contaminated items.

b.) Disinfecting and maintaining dirty and clean work areas in the laundry area.

c.) Returning and storing clean laundered items properly.

ix. Resident/Family Compassion: It is recommended that Staff receive training on monitoring for potential changes in emotional well-being due to isolation and fear during an outbreak. It is recommended that training include:

a.) Potential signs and symptoms of changes in emotional well-being.

b.) Community policy expectations for reporting observations.

c.) Basic techniques to employ to support emotional well-being.

x. Return Demonstrations: It is recommended that the IPC Leader or designee observe and document during orientation and at least annually Staff's successful return demonstrations for the following skills:

a.) Proper hand hygiene and glove donning and doffing (putting on and taking off).

b.) Donning and doffing all required PPE in the appropriate order as the CDC outlines in Transmission-Based Precautions. This applies to any staff who will provide direct care to a Resident who is confirmed to have or suspected of having a communicable infectious disease, and any ancillary Staff deemed appropriate by the IPC leader.

c.) Verbalizing accurately how to appropriately dispose of PPE according to evidence-based guidelines.

c. Training Records: It is recommended that assisted living communities maintain documentation of completed training, including:

i. Title of training with course description.

ii. Staff name, title, and date of completion.

iii. Trainer signature on return demonstration(s) and instructor-led curriculum.

4. **Preventative Measures, Policies, and Procedures:** It is recommended that assisted living communities establish measures, policies, and procedures that include the following:
    a. Vaccination/immunization recommendations for staff and Residents per local and state regulations and informed by CDC and other local/state/federal governing bodies.
        i. Educate about and encourage voluntary immunizations/vaccinations.
        ii. Maintain documentation to demonstrate required vaccinations/immunizations/declinations are current and up to date.
        iii. Complete testing for certain communicable infectious diseases as required by local and/or state health authorities, state regulations, and informed by the CDC and other local/state/federal governing bodies.
    b. Providing Residents, families, visitors, Resident-designated Support Person(s), and staff with strategies to protect themselves and others by:
        i. Prominently posting signage reminders and providing educational materials.
        ii. Promoting proper Hand Hygiene and Cough Etiquette through:
            a.) Alcohol-based hand sanitizer (at least 60% alcohol) being readily available for anyone entering the community.
            b.) Soap, water, and a sink accessibility in areas where care, treatment and services are provided or have alcohol-based hand sanitizer (at least 60% alcohol) readily available.
        iii. Requiring staff and any other appropriate persons to follow Standard Precautions as outlined in OSHA and CDC guidelines.
            a.) Standard Precautions include:
                - Hand hygiene/alcohol-based hand sanitizer use.
                - Proper PPE use, fit and disposal.
                - Respiratory Hygiene/Cough Etiquette.
                - Sharps safety.
                - Environmental cleaning and disinfecting, including medical/ Resident-shared devices.
            b.) It is recommended that assisted living communities have a process in place to regularly monitor compliance with Standard Precautions.
        iv. Encouraging families, visitors, Resident-designated support person(s), and staff to not enter the community if they are confirmed to have or are suspected of having a communicable infectious disease. It is recommended that assisted living communities report onset of communicable infectious disease symptoms to local and state health authorities as required and as may be informed by the CDC.
            a.) Family/visitor/Resident-designated support person(s) Illness:
                - It is recommended that assisted living communities offer alternatives to in-person visits (i.e., video conferencing.)
                - It is recommended that all families/visitors/Resident-designated support person(s) be provided information on proper PPE usage.
            b.) Staff Illness: It is recommended that assisted living communities follow established medical leave and return to work policies to minimize the spread of infection and illnesses.

v. Resident Illness: Community communicates onset of communicable infectious disease symptoms to healthcare provider (HCP) and reports to local and state health authorities as required and informed by the CDC.

a.) Collaborate with HCP to arrange for the provision of medical care as needed (which may include telehealth) for a Resident who has or has symptoms of a communicable infectious disease.

vi. Community follows local/state/federal regulations and Infection Prevention and Control Guidelines. It is recommended that individuals who voice concerns about any aspect of this Guidance, or actions taken by the community, be advised to follow the community's established grievance policy.

c. Maintaining an Adequate Inventory of PPE and EPA-registered Hospital-grade Disinfectant agents with contingency plan if product is not readily available to replenish inventory.

d. Following safe food handling practices which include performing food delivery and meal service as informed by the CDC and required by local food inspection regulations and directives from local public health departments. It is recommended that any person who, by medical examination or supervisory observation, is shown to have, or appears to have, an illness, open lesion, including boils, sores, or infected wounds, or any other abnormal source of microbial contamination by which there is a reasonable possibility of food, food-contact surfaces, or food-packaging materials becoming contaminated, be excluded from any operations which may be expected to result in such contamination until the condition is corrected, unless conditions such as open lesions, boils, and infected wounds are adequately covered (e.g., by an impermeable cover). It is recommended that Staff be instructed to report such health conditions to their supervisors.

e. Maintaining an Environmental Cleaning Program.

f. Handling clean and soiled laundry/linen as required by local or state health authorities, state regulations, and informed by the CDC and other local/state/federal governing bodies.

g. Maintaining a Pest Control program.

5. **Control Measures, Policies, and Procedures:** In addition to continuing preventative measures, it is recommended that assisted living communities establish control measures, policies, and procedures for when an outbreak occurs, as defined by the state and local health authorities, and informed by the CDC and other governing agencies, which include the following:

a. Requiring staff who provide direct Resident care, any appropriate ancillary staff, and any other appropriate persons to follow Transmission-Based Precautions as appropriate and as outlined by the CDC, which includes:

i. Correctly using and disposing of appropriate PPE.

a.) When applicable, it is recommended that Staff participate in the community's respiratory protection program, including Respirator Fit Testing by qualified personnel. For example, Staff having contact with residents exhibiting symptoms associated with infectious disease are recommended to participate in the community's respiratory protection program.

ii. Adopting a prioritized cleaning and disinfection schedule.

iii. It is recommended that assisted living communities have a process in place to monitor compliance with Transmission-Based Precautions.

b. Dedicating community-provided equipment (i.e., wheelchair, electronic device(s), glucometer) to Residents who are confirmed to have or are suspected of having a communicable infectious disease if possible and/or thoroughly disinfect equipment between uses per manufacturer's instructions.

c. Maintaining a separate, designated supply of PPE when appropriate and feasible.

d. Identifying a designated staff member when feasible to care for Residents who are confirmed to have or are suspected of having a communicable infectious disease.

e. To reduce potential exposure of a communicable infectious disease, it is recommended that any Resident who has or is suspected of having a communicable infectious disease have in-person visits limited to only those who they identify as their designated support person(s.) It is recommended that assisted living communities verify the Resident-designated support person(s) have been educated on the following criteria:

   i. Resident-designated support person(s) receive information on and are requested to follow appropriate Standard and Transmission-Based Precautions as applicable.

   ii. It is recommended that Resident-designated support person(s) limit movement through the community to only the room or apartment of the Resident who has identified them as their designated support person.

   iii. Resident-designated support person(s)' entry to the community may be suspended if:

      a.) Directed by state or local public health authorities.

      b.) If the person does not comply with community IPC policies and procedures.

f. In response to state and local health authorities' guidance and in collaboration with these authorities, during an outbreak it is recommended that assisted living communities implement outbreak specific policies and procedures as appropriate, which may include:

   i. Resident admission and readmission policy/procedure.

   ii. Visitor policy/procedure.

      a.) It is recommended that communities not restrict entry unless recommended by state or local public health authorities.

      b.) It is recommended that Resident-designated support person(s) be exempt from visitor policy modifications assuming criteria in 5d is met.

   iii. Contact Tracing policy/protocol.

   iv. Cohort Residents when appropriate and feasible.

   v. Timing of discontinuing any outbreak policy/procedure modifications.

g. Establish Isolation and Quarantine policies and procedures to address residents who are confirmed to have or are suspected of having communicable infectious disease as required by state and local public health authorities and recommended by the CDC and/or other relevant governing bodies.

   i. In the absence of state and local guidance, follow appropriate CDC Transmission-Based Precautions.

   ii. Encourage a Resident who is confirmed to have or is suspected of having a communicable infectious disease to limit movement outside of their room or apartment to medically necessary purposes only.

iii. Discourage a Resident who is confirmed to have or is suspected of having a communicable infectious disease from joining community group activities in-person.

iv. Discontinue isolation and quarantine per incident as informed by state and local public health guidelines.

h. Communication and Transparency: Communities will It is recommended that communities have a plan for communicating with Residents, families, Resident-designated support person(s), and staff when there is an outbreak and when it has resolved, including:

i. Communicating changes/modifications in procedures or policies.

ii. Posting signage during outbreaks communicating policy and procedure modifications and any special instructions.

i. It is recommended that assisted living communities that provide care for Residents Who are Unable to Follow IPC Precautions, such as Residents with dementia, outline appropriate IPC procedures based on the needs of the population.

6. **Investigation and Data Collection**

a. Surveillance process is in place to help detect, characterize, and investigate the possible outbreak of communicable diseases.

b. A system is in place to collect data.

c. Information is recorded and reported to local, state, and federal health authorities as required and directed.

7. **Incorporate Pandemic Plan into Disaster or Emergency Preparedness Protocols and Plan.** This includes:

a. Updating emergency contacts, including the local health department and community's designated IPC expert.

b. Isolation/quarantine protocols.

c. Secured Specialized Contract Services.

d. Communication Strategy.

e. Staff Support.

f. Emergency Provisions. When it is impossible to adhere to recommended guidelines, notify state and local health authorities, and collaborate on decisions related to suspension of such guidelines.

# APPENDIX A: DEFINITION OF TERMS

**Cohort Residents:** Grouping Residents based on their risk of infection or whether they have been diagnosed with a communicable infectious disease during an outbreak. Only Residents with the same respiratory pathogen should be housed in the same room.

**Contact Tracing:** The action or process of identifying individuals who have been in the proximity of a person diagnosed with an communicable infectious disease, in order to isolate, test, or treat them. An example of the process includes:

- Screening.
- Case investigation.
- Contact support.
- Self-quarantine.
- Any other requirement as directed by local, state, or federal health authorities.

**EPA-registered Hospital-grade Disinfectants:** Products used to kill viruses and bacteria on surfaces which are registered as antimicrobial pesticides.

**Evidence-based Guidelines:** Systematically developed statements designed to help administrators, care providers, and Residents make decisions about appropriate health care for specific circumstances.

**Isolation:** Separates sick people with contagious disease from people who are not sick.

**Other Appropriate Person(s):** Other appropriate person(s) includes any persons who provide Resident care services, such as volunteers, students, agency personnel, medical care providers and other outside vendors. Note, some states may have specific IPC regulations related to one or more of those included in this definition.

**Outbreak:** The CDC defines an outbreak as a higher number of cases of a disease or condition than expected in a specific location or time period.
*Guideline Note: States and local health authorities' definitions may vary. It is advised for the IPC Leader to involve their contact with IPC expertise if they need a definition of an outbreak for their locality, when to collect data, and clarification on how to define their baseline.*

**Pandemic:** A pandemic is defined by the CDC as being like an epidemic but even more widespread over several countries or continents. A pandemic plan differs from an IPC Plan in that consideration is given to extreme situations such as staffing needs and specialized contract services.

**Quarantine:** Separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick.

**Resident-designated Support Person(s):** Whomever the Resident designates per the guidance provided by state or local health authorities acting within their jurisdiction.

**Safe Food Handling Practices:** Conditions and practices that preserve the quality of food to prevent contamination and foodborne illness. Example includes four core practices:

- Proper cleaning and sanitation of hands and surfaces.

- Separating foods to avoid cross-contamination.
- Cooking foods to the appropriate temperature.
- Chilling foods to prevent bacteria growth.

**Safe Laundry Practices:** Practices to reduce and prevent the spread of communicable infectious diseases. Examples of practices include:

- Proper handling and laundering contaminated items.
- Disinfecting and maintaining dirty and clean work areas in the laundry area.
- Returning and storing clean laundered items properly.

**Staff:** Staff include any person(s) employed by the community.

**Standard Precautions:** A technique that prevents or reduces the spread of microorganisms from one site to another. Examples of Standard Precautions include:

- Hand hygiene/alcohol-based sanitizer use.
- Personal protective equipment (PPE) location and proper PPE use and disposal.
- Respiratory Hygiene/ Cough Etiquette.
- Sharps safety.
- Cleaning and disinfecting the environment including Resident care equipment.

**Transmission-Based Precautions:** The second tier of infection control practices to be used in addition to Standard Precautions for Residents who may be infected or colonized with certain infectious agents and additional precautions are needed to prevent infection transmission. Examples of Transmission-Based Precautions include:

- Isolation protocols for each Transmission-Based Precaution (contact, droplet or airborne.)
- Proper use and disposal of required PPE for each Transmission-Based Precaution.
  - Respirator fit testing by qualified personnel with medical evaluation.
- Enhanced cleaning and disinfecting protocols.
  - Prioritized and increased frequency of cleaning.
  - Emphasis on cleaning high touch areas.
  - Dedicate community provided equipment to a Resident who is confirmed or suspected to have a communicable infectious disease if possible and/or thoroughly disinfect equipment between uses per manufacturer's instructions.
  - Enhanced laundry procedures.
- Encouraging a Resident who has or is suspected to have a communicable infectious disease to limit their movement outside of their room or apartment to medically necessary purposes only.
- Discouraging a Resident who has or is suspected to have a communicable infectious disease from joining group activities in-person.

# APPENDIX B: EXAMPLES & RESOURCE LINKS

*Note the following:*

The examples and resource links listed are not inclusive and in no way supersede information or direction provided by state regulations or local public health authorities.

Site pages often change location so search terms are noted.

The examples and resources linked are provided by other entities are not provided by Argentum or its affiliates.

- **Adequate PPE supplies:** For consideration, reference tools provided by www.CDC.gov (*search PPE Tracking Tool*) to evaluate adequate PPE supplies:
  - PPE Burn Rate Calculator
  - PPE Burn Rate Calculator Tutorial
- **Annual evaluation of IPC program:** For further explanation and sample materials, consider referencing www.CDC.gov (*search ICAR*) and specifically https://www.cdc.gov/infection-control/media/pdfs/IPC-Instructions-508.pdf and https://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html#cdc_generic_section_4-section-3-observation-forms. This CDC webpage offers examples of Infection Control Assessment and Response (ICAR) tools for operational areas/tasks in skilled environments. Assisted living communities will need to modify for their purposes.
- **Bloodborne Pathogens:** For more information on guidelines, consider referencing https://www.osha.gov/bloodborne-pathogens/resources and www.CDC.gov (*search bloodborne pathogens*.)
- (**Pandemic) Communication Strategy:** In preparation for a Pandemic, it is advised communities establish a communication plan. The plan should address the following but is not limited to:
  - Communication to employees, Residents, and families.
  - Communication with state and local health authorities.
  - Media relations.
  - Website management.

  The type of information included in communication template(s) may include but is not limited to:
  - The incidence, spread and containment of an outbreak.
  - Specific actions that need to be taken by the staff, Residents, Resident-designated support person(s), visitors, and vendors to protect their health and control the outbreak.
  - How outbreak management decisions are being made.

  For more information, consider referencing https://www.afro.who.int/sites/default/files/2017-06/outbreak_com_plan_guide.pdf

- **Cleaning and disinfecting:** For more information, consider referencing https://www.cdc.gov/index.html (*search environmental infection control*), specifically https://www.cdc.gov/healthcare-associated-infections/hcp/cleaning-global/procedures.html and https://www.cdc.gov/infection-control/hcp/disinfection-and-sterilization/index.html.

- **Contact Tracing:** For a more detailed explanation, consider referencing www.CDC.gov (*search contract tracing)* and your local public health authorities.

- **Environmental Cleaning Program:** For more information, consider referencing www.cdc.gov (*search environmental cleaning*), specifically https://www.cdc.gov/healthcare-associated-infections/hcp/cleaning-global/procedures.html and https://www.cdc.gov/infection-control/hcp/environmental-control/environmental-services.html

- **EPA registered hospital-grade disinfectants:** Disinfect surfaces with an EPA-registered hospital grade disinfectant according to the label's safety precautions and use directions. For more information consider referencing www.CDC.gov (*search disinfectant*), specifically https://www.cdc.gov/infection-control/hcp/disinfection-sterilization/summary-recommendations.html, and https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants.

- **Evaluate Risks:** For more information, consider referencing www.CDC.gov (*search ICAR*). This form may need to be modified for assisted living purposes.

- **Hand hygiene/alcohol-based sanitizer use:** For more information, consider referencing www.CDC.gov (*search hand hygiene*.) Steps include the following:
  - **Alcohol-based hand sanitizer** (CDC recommends the use of alcohol-based hand sanitizers as the primary method for hand hygiene in most healthcare situations. https://www.cdc.gov/clean-hands/faq/index.html )
    - Apply the gel product to the palm of one hand (read the label to learn the correct amount).
    - Rub hands together.
    - Rub the gel over all the surfaces of hands and fingers until hands are dry. This should take around 20 seconds.
  - **Handwashing:**
    - Wet hands with clean, running water (warm or cold) and apply soap.
    - Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under nails.
    - Scrub hands for at least 20 seconds.
    - Rinse hands well under clean, running water.
    - Dry hands using a clean towel or air dry them.

- **Investigation and Data Collection:** For more information on this topic, consider referencing www.CDC.gov (*search NHSN*) or specifically https://www.cdc.gov/healthcare-associated-infections/php/toolkit/outbreak-investigations-toolkit.html . See Appendix C for a sample respiratory surveillance tool.

- **Overview of Communicable Infectious Diseases:** The following are some examples of communicable infectious diseases that may be included in staff training. Consider referencing www.CDC.gov (search by the name of the infectious disease) for more detailed information.
  a. C. diff
  b. Candida Auris
  c. Conjunctivitis
  d. Coronaviruses (COVID)
  e. E. Coli
  f. Hepatitis B
  g. Hepatitis C
  h. HIV
  i. Influenza (Flu)
  j. Legionnaires Disease
  k. MRSA
  l. Norovirus
  m. Pneumonia
  n. RSV
  o. Scabies
  p. Shingles
  q. Tuberculosis
  r. Any other emerging pathogen

- **Personal Protective Equipment Use and Disposal:** For more information, consider referencing www.CDC.gov (*search donning and doffing*), specifically https://www.cdc.gov/infection-control/media/pdfs/Toolkits-PPE-Sequence-P.pdf. See Appendix E.

- **Pest Control:** For more information, consider referencing www.CDC.gov (*search pest management*) or specifically. https://www.cdc.gov/infection-control/hcp/environmental-control/environmental-services.html and https://www.cdc.gov/environmental-health-services/php/vector-control-resources/what-is-ipm.html.

- **Prioritize potential risks:** For more information, consider referencing www.CDC.gov (*search ICAR*). This form will require modifications for assisted living.

- **Resident Compassion:** For explanation of signs and symptoms of changes in emotional well- being and techniques to employ, consider referencing www.CDC.gov (*search mental health* and *how right now*) or specifically https://www.cdc.gov/howrightnow/talk/index.html. Other sites include https://www.nimh.nih.gov/health/topics/depression and https://www.mayoclinic.org/diseases-conditions/depression/in-depth/depression/art-20045943.

Examples of techniques in assisted living include:

- Listen empathetically without judgment.
- Provide video/virtual connection opportunities if isolation is required.
- Offer individual/disposable supplies such as games, hobby materials, and books.

- When caring for one or more **Residents who are unable to follow IPC precautions**, such as Residents with dementia, communities should consider outlining IPC procedures appropriate for this population. Examples include:
  - Frequent alcohol-based hand sanitizer rounds.
  - Increased frequency of cleaning and disinfecting high touch areas.
  - Employ individual, one-time use activity supplies.

  For more information, consider referencing https://alz.org/media/Documents/COVID-19-EmergencyTips_LongTermCommunityBasedDementiaCare_AlzheimersAssociation.pdf

- **Respirator Fit Testing:** For more information, consider referencing https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA and www.CDC.gov (*search respirator fit testing*) or specifically https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3fittest.html.

- **Respiratory Hygiene/ Cough Etiquette:** Respiratory hygiene and cough etiquette helps prevent the spread of germs by containing respiratory secretions. Here are some steps to practice proper cough etiquette:
  - Use a tissue to cover your mouth and nose when you cough or sneeze.
  - Throw away used tissues in the trash immediately after use.
  - After using a tissue or coming into contact with respiratory secretions, wash your hands with soap and water, alcohol-based hand sanitizer, or antiseptic handwash.
  - Turn your head away from others when you cough or sneeze.
  - If possible, move away from others who are coughing or sneezing.

  For more information, consider referencing www.CDC.gov (*search cough etiquette*) or specifically https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm

- **Safe food handling practices:** For more information, consider referencing www.CDC.gov (*search safe food handling*) and your local health department.

- **Safe laundry practices:** For more information, consider referencing www.CDC.gov (*search safe laundry practices*.)

- **Sharps Safety:** For more information, consider referencing www.CDC.gov (*search sharp safety*) or specifically https://www.cdc.gov/sharpssafety/index.html.

- **Specialized Contract Services:** In preparation for a Pandemic, it is advised communities secure specialized contract services. This may include but not limited to the following:
  - Transportation
  - Alternative Housing
  - Lab Services
  - PPE supplier
  - Nursing agency for staff support
- **(Pandemic) Staff Support:** In preparation for a Pandemic, it is advised to include staff support as part of the Plan. This may include but not be limited to:
  - Identify and cancel non-essential duties/activities.
  - Cross-train staff on essential duties.
  - As appropriate request staff to forgo elective time off, however, encourage time off for illness or mental health break as per community policy.
  - Provide emotional and moral support.

  For more information, consider referencing https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html
- **Standard Precautions:** For more information, consider referencing www.OSHA.gov and www.CDC.gov (*search standard precautions*.)
- **Training (IPC Leader):** Training will include any content dictated by federal, state and/or local regulations and mirror topics as listed in Section 3 of the Guidelines. Resources to consider for training content include www.CDC.gov (*search nursing home infection preventionist Training*) and www.OSHA.gov (*search infectious diseases*.) Assisted living communities will need to modify content to meet their needs.
- **Transmission-Based Precautions:** For an in-depth list of precautions, including information on care for colonized Residents and enhanced barrier precautions, consider referencing www.CDC.gov, (*search transmission-based precautions*) or specifically https://www.cdc.gov/infection-control/media/pdfs/guideline-isolation-h.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf
- **Update/modify practices:** During and after an outbreak, a performance review evaluates the effectiveness and implementation of the IPC plan. Any deficiencies are corrected through a systematic approach for performance improvement. Many states include some form of quality assurance in their regulations. One example of an approach is called QAPI (Quality Assurance Process Improvement.) For consideration, reference https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/processtoolframework.pdf.

# APPENDIX C: EXAMPLE RESPIRATORY SURVEILLANCE TOOL

| RESPIRATORY SURVEILLANCE | | | | | | | | | | | | | | | | | | | | | Date: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Case Demographics** | | | | | **Case Location** | | | **Signs & Symptoms** | | | | | **Diagnostics** | | | | | **Outcome during Outbreak** | | | | |
| | **Age** | Gender **M/F** | Resident (**R**) or Staff (**S**) | *Residents only*: Short (**S**) or Long (**L**) stay | *Residents Only*: **Bldg/Floor** | *Residents Only*: **Room/Bed** | *Staff Only*: **Primary Floor Assignment/Shift** | Symptom onset date: (**mm/dd**) | Fever (**Y/N**) | Cough (**Y/N**) | Body Ache (**Y/N**) | Other: **H**eadache, Shortness of breath (**SOB**), Loss of Appetite (**LA**), **C**hills, Sore Throat (**ST**), **O**ther/specify:_____ | Chest Xray (**Y/N**) | Type of specimen collected: **NP**-nasopharyngeal swab, **OP**-oropharyngeal swab, **U**-urine, **S**-sputum, **O**ther/specify: ____ | Date of collection (**mm/dd**) | Type of test ordered: **0**-no test performed, **1**-culture, **2**-PCR, **3**-urine, antigen, **4**-Other/specify _____ | Pathogen Detected: **N**egative, Bacterial **1**-S. pneumoniae, **2**-Legionella, **3**-Mycoplama viral, **4**-influenxa, **5**-RSV, **6**-HPV, **7**-Other/specify: | Symptom resolution date: (**mm/dd**) | Hospitalized (**Y/N**) | Died (**Y/N**) | Case (**C**) or Not a case (**leave blank**) |
| 1. | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | | | |

If faxing to your local Public Health Department, please complete the following information:

**Community Name:**_____ **City, State:** _____ **County:**_____

**Contact Person:**_____ **Phone:** _____ **Email:** _____

# APPENDIX D: SAME DATA—NHSN REPORTING TEMPLATE

In July 2020, Argentum adopted a position calling for assisted living communities to voluntarily report COVID-19 data to the U.S. Centers for Disease Control and Prevention (CDC. The data would be reported using the COVID-19 Module for Long Term Care Facilities: Resident Impact and Facility Capacity, which is part of the National Healthcare Safety Network (NHSN database administered by the CDC.

As voluntary reporters, communities/companies have the option of determining what data to report and how frequently to report (weekly, monthly, etc. The following is a suggested set of condensed data points to report for those providers choosing to participate.

**COVID-19 MODULE LONG TERM CARE FACILITY: RESIDENT IMPACT AND FACILITY CAPACITY**

**NHSN FACILITY ID:** _____

**CMS CERTIFICATION NUMBER (CNN):** _____

**FACILITY/COMMUNITY NAME:** _____

**DATE RANGE OF NEW DATA:** _____

For the following questions, report data on the same day each week at least once a week (or as appropriate. For questions requiring counts, include only new data since the last date the counts were collected for reporting in the NHSN Module.

**RESIDENT IMPACT**

_____ ADMISSIONS: Residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions.

_____ CONFIRMED: Residents with new positive COVID-19 test results from a viral test (nucleic acid or antigen.)

_____ SUSPECTED: Residents with new suspected COVID-19.

_____ COVID-19 DEATHS: Residents with a suspected or positive COVID-19 test result who died in the facility or another location. If another location, list here: _____

*Source*: Argentum Infection Prevention and Control Guidance, published November 2020.

# APPENDIX E: SOURCES

A number of sources were referenced to create this IPC Plan template. They include:

- Alzheimer Association
- Argentum
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- U.S. Environmental Protection Agency (EPA)
- U.S. Food & Drug Administration (FDA) – 2022 Food Code
- National Institute of Mental Health (NIMH)
- Mayo Clinic
- Occupational and Safety Health Administration (OSHA)
- World Health Organization (WHO)
- Various state infection control regulations