

**Coronavirus 2019 (COVID-19):
Key Infection Control Reminders for
Intermediate Care and Community Residential Facilities**

This guidance provides key reminders for preventing the spread of coronavirus 2019 (COVID-19) within intermediate care facilities (ICFs) and community residential facilities (CRF). This guidance is not intended for nursing homes or long-term care facilities. For guidance on other facilities settings, please visit <https://coronavirus.dc.gov/>.

PREVENT THE INTRODUCTION OF COVID-19 AND OTHER RESPIRATORY PATHOGENS INTO THE FACILITY

- **Exclude all non-essential visitors and non-essential personnel** from access to the facility or residence.
- **Encourage and facilitate the use of electronic communication platforms for videoconference or telephone visits with residents**, consistent with normal visitation policies and consistent with public safety. Facilities are encouraged to provide private, secure video or telephonic communication platforms for family members, lawyers and legal guardians.
- **Keep residents at the facility unless there is a medical reason for having them leave.** Ensure residents who must leave the facility wear their cloth face coverings (or a facemask, if supplies permit) whenever leaving the facility.
- **Require each person entering the facility or residence to wash their hands** disinfect their hands with store-bought alcohol-based-hand-rub (ABHR) with at least 60% alcohol or with soap and water for at least twenty (20) seconds
- **Direct service personnel (DSP) and essential visitors should be screened prior to entering the facility or residence:**
 - **Symptom check:** Those with cough (new or different than your usual cough), shortness of breath, difficulty breathing, fever or chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste and smell should not be permitted into the facility.
 - **Exposure check:** Those who have been in close (less than 6 feet), prolonged contact (more than 15 min) with someone with confirmed COVID-19 in the past 14 days should not be permitted into the facility.
 - **Temperature check:** Those with a subjective or objective (>100.4F) fever should not be permitted into the facility.
- **Actively encourage sick DSP to stay home.** Inform all DSP in writing that they should not come to work if sick and of applicable paid leave provision. Implement leave policies that are flexible and non-punitive and allow sick DSP to stay home.

PREVENT THE SPREAD OF COVID-19 AND OTHER RESPIRATORY PATHOGENS WITHIN THE FACILITY

- **Implement Source Control Measures:**
 - DSP should wear a facemask (medical, surgical or procedure) when in the facility.

- Encourage the use of cloth face coverings by residents as much as possible (regardless of symptoms) when they are outside their rooms. **Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.**
- **Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices.**
 - DSP can consider the use of universal eye protection (e.g. face shield or goggles) if there are suspected or confirmed COVID-19 residents in the facility.
- **All newly admitted or readmitted individuals should be quarantined for 14 days.**
 - Designate a room, unit, or floor of the facility or residence as a separate observation area for newly admitted or readmitted individuals.
 - Designate dedicated staff to these individuals until they are past the 14-day monitoring period.
- **Implement strategies to maintain social distancing in the facility.**
 - Cancel group activities, stagger mealtimes and use of common areas, and place beds 6 feet apart in shared rooms.
- **Rapidly identify and properly respond to residents with suspected or confirmed COVID-19.**
 - Identify space in the facility that could be dedicated to monitor and care for residents with COVID-19.
 - Cohort DSP assigned to care for residents with known or suspected COVID-19 positive individuals.

MAINTAIN ROBUST INFECTION CONTROL PRACTICES

- **Ensure that all DSP and individuals residing in the facility or group home are aware of appropriate hand hygiene practices.**
 - Ensure that ABHR that contains at least sixty percent (60%) alcohol, are available throughout the residence or facility. If this is not possible due to safety concerns, ABHR should be available to all DSP for frequent use (e.g. providing travel sized ABHR).
 - Ensure that sinks are properly supplied with soap and paper towels for handwashing.
- **Ensure adequate cleaning and disinfection supplies are available.**
 - Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas.
- **Make necessary PPE available in areas where resident care is provided.**
 - Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback promoting appropriate use by staff.
 - Facilities should have supplies of facemasks, respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles).