



## COVID-19 Information for Assisted Living Residences

The purpose of this document is to serve as **COVID-19 guidance for Rhode Island assisted living residences (ALR)**. It incorporates the Rhode Island Department of Health's (RIDOH's) recommendations based on guidance from the Centers for Disease Control and Prevention (CDC) for ALR that do and do not provide skilled nursing care.

Based on facility assessment:

- **ALR that DO provide skilled nursing care** should follow healthcare infection prevention and control (IPC) recommendations in [COVID-19 Information for Nursing Homes](#).
- **Healthcare personnel (HCP) entering the facility to provide skilled nursing care** should follow the healthcare IPC recommendations in [COVID-19 Information for Nursing Homes](#).
- **ALR that DO NOT provide skilled nursing care** should follow [CDC Respiratory Virus Guidance](#) for community settings.
- In addition, RIDOH recommends that **all ALR consider the more protective IPC strategies outlined in [COVID-19 Information for Nursing Homes](#)** because the populations served by most ALR in Rhode Island have risk factors for severe disease. In particular, [data show that age remains the strongest risk factor for severe COVID-19 outcomes](#).

Updated COVID-19 data trends are available on the [Rhode Island COVID-19 Data Hub](#) at [covid.ri.gov/data](http://covid.ri.gov/data).

For questions or support, ALR should **contact RIDOH's Center for COVID-19 Epidemiology** by emailing [RIDOH.COVID19LTC@health.ri.gov](mailto:RIDOH.COVID19LTC@health.ri.gov) or calling 401-222-8022 (select option #3 and ask for long-term care).

### Summary of Recent CDC Guidance Changes – March 1, 2024

- Simplified guidance to protect against severe illness from a range of common respiratory viruses including COVID-19, flu, and RSV.
- Updated guidance about preventing the spread of respiratory viruses when you're sick based on symptoms (also called isolation).
- Updated guidance about layering core and additional prevention strategies when:
  - There's increasing respiratory virus illness in the community
  - People were recently exposed to a respiratory virus, are sick, or are recovering
  - Individuals or those around them have risk factors for severe illness

**The following information provides COVID-19 prevention recommendations for all community settings, including ALR, that do NOT provide skilled nursing care.**

ALR should implement **core prevention strategies** to protect from COVID-19 and other respiratory virus illnesses.

- [Stay up to date with vaccines](#)
- Practice good [hygiene](#)
- Take [steps for cleaner air](#) by increasing both circulation and ventilation
- When [symptomatic](#), test and/or treat promptly. [Treatment](#) may help lower the risk of severe illness.
- Stay home and away from others when sick (see [details in table below\\*](#))

ALR should also use **additional prevention strategies** of [masking](#), [physical distancing](#), and [testing](#).

- Consider providing free, high-quality masks to your workforce and visitors during times of increasing respiratory virus spread.
- Testing best practice includes:
  - Test residents and staff who have symptoms of COVID-19
  - Test residents who have been exposed to someone with COVID-19
- For outbreaks, ALR should follow current [guidance for outbreak testing](#) and [COVID-19 case and outbreak reporting protocol](#).

ALR should **layer core and additional prevention strategies** when:

- Residents or staff were recently exposed to a respiratory virus, are sick, or are recovering
- Residents or staff have [risk factors for severe illness](#):
  - [Older adults](#)
  - [Young children](#)
  - [People with weakened immune systems](#)
  - [People with disabilities](#)
  - [Pregnant people](#)
- Respiratory virus illnesses are increasing in the community
  - Find updated trends on [Rhode Island COVID-19 Data Hub](#) at [covid.ri.gov/data](https://covid.ri.gov/data)
  - Rhode Island COVID-19 community transmission trends are tracked by:
    - Wastewater surveillance
    - Percent of all emergency department visits in Rhode Island with COVID-19 diagnosis
    - Outbreaks in long-term care settings
    - Hospital admissions

**RIDOH recommends all ALR consider implementing the COVID-19 best practice IPC recommendations outlined in [COVID-19 Information for Nursing Homes](#).**

<b>*Stay Home and Away from Others/Isolation</b>
<b>Staying home/Isolation starts on the first day of symptoms (day 0)</b>
<p><b>Symptomatic person</b></p> <p>Isolate for at least 24 hours after</p> <ul style="list-style-type: none"><li>• Symptoms have improved <b>AND</b></li><li>• Fever-free without fever-reducing medications</li></ul> <p><b>Take precautions for 5 days after resuming normal activities:</b></p> <ul style="list-style-type: none"><li>• <a href="#">Cleaner air</a></li><li>• <a href="#">Masking</a></li><li>• <a href="#">Physical distancing</a></li><li>• <a href="#">Testing</a> when you will be around other people indoors</li></ul>
<p><b>Asymptomatic person</b></p> <p><b>Take precautions for 5 days after date of positive COVID-19 test result</b> during normal activities:</p> <ul style="list-style-type: none"><li>• <a href="#">Cleaner air</a></li><li>• <a href="#">Masking</a></li><li>• <a href="#">Physical distancing</a></li><li>• <a href="#">Testing</a> when you will be around other people indoors</li></ul>
<p><b>People who develop new symptoms</b> after resuming normal activities should return to staying at home/isolation.</p>
<p><b>Best practice for people who have <a href="#">moderate to severe illness</a> from COVID-19 or who have compromised immune systems</b> is to stay at home/isolate <b>AND</b> consult a healthcare professional about when to end isolation.</p> <p><a href="#">CDC defines immunocompromise as:</a></p> <ul style="list-style-type: none"><li>• Currently getting chemotherapy for cancer</li><li>• Being within one year out from receiving a hematopoietic stem cell or solid organ transplant</li><li>• Untreated HIV infection with CD4 T lymphocyte count lower than 200</li><li>• <a href="#">Primary immunodeficiency (PI)</a></li><li>• Taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab)</li><li>• Taking more than 20 mg a day of prednisone, for more than 14 days</li><li>• Other condition(s) as determined by the treating healthcare professional</li></ul>