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March 16, 2020

Ref.: C-2020-238

COVID-19 in Wyoming: Additional Guidance for Assisted Living Facilities

The State of Wyoming, in consultation with the Wyoming State Health Officer and Healthcare Licensing and Surveys, is committed to taking proactive steps to ensure Wyoming's assisted living facilities are prepared to respond to the threat of COVID-19 by providing additional guidance to improve infection control and prevent transmission.

As Wyoming has experienced our first cases of COVID-19, it is critical we take necessary steps to ensure the health and safety of our residents, staff, and visitors.

Assisted living facilities with residents suspected of having COVID-19 infection should have the resident evaluated by a physician as soon as possible.

Common symptoms include fever, cough, myalgia, fatigue, and shortness of breath. Older adults may not present with fever initially. Their initial symptoms may be vague and included altered mental status or non-specific general malaise.

If the physician suspects COVID-19, please contact the Wyoming Department of Health, Infectious Disease Epidemiology Unit at 1-888-996-9104.

We recommend the additional guidelines below be implemented immediately. These are subject to change as this situation continues to evolve.

FOR ALL ASSISTED LIVING FACILITIES

Residents and staff should be educated on COVID-19 risk factors and interventions using up-to-date guidance from the Centers for Disease Control and Prevention (CDC) and the Wyoming Department of Health in order to minimize potential transmission.

All assisted living facility residents are strongly encouraged to remain on the facility campus. Resident who need to leave the campus for medical care such as dialysis, therapy, etc. may still continue to attend those appointments.

All facilities should restrict visitation of all visitors and non-essential personnel, except for required contractors and certain compassionate care situations such as end-of-life event. In those

cases, visitors and contract personnel should be limited to the resident's room only. All community events held by external groups at the facility should be immediately discontinued.

Facilities should notify potential visitors to defer visitation until further notice through signage, calls, letters, etc. Decisions about visitation during an end-of-life situation should be made on a case-by-case basis, which should include careful screening of the visitor, including clergy, bereavement counselors, etc. for fever or respiratory symptoms.

All visitors and residents should enter through a designated entry to allow for screening. Staff, contract personnel, and residents should be screened for potential exposure to COVID-19, travel history, respiratory infection (fever, cough, shortness of breath, or sore throat). Staff and contract personnel should be checked for a temperature of 100° F or greater at the beginning of each shift. Residents should be monitored for symptoms of potential infection.

Facilities should encourage proper hand wash techniques, increase the availability and accessibility of alcohol-based rubs (ABHRs), re-enforce strong hand hygiene practices, tissues, and no-touch receptacles for disposal. Ensure ABHR is accessible in all resident areas including inside and outside resident rooms. Encourage staff and visitors to perform hand hygiene upon entering the building.

Facilities should increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.

Properly clean, disinfect, and limit sharing of medical equipment between residents and areas of the facility.

Provide staff with additional work supplies to avoid sharing e.g. pens, pads, and disinfect workplace areas such as nurses' stations, phones, internal radios, etc.

Facilities should review [CDC's Infection Control Guidelines](#) and [Interim Guidance for Long-Term Care](#).

Facilities should encourage and facilitate remote communication for residents and others. Alternative means of communication should allow residents to visit and talk with loved ones, and may include means such as video chat, telephone, texting, or social media.

The Department of Health recommends the following specific action items, depending on the prevalence of COVID-19 in your facility's city/town or surrounding area:

Tier I – if there is no active COVID-19 cases in your town/city or surrounding area – please contact your local Public Health Nursing Office for assistance in determining this geographical area.

- Social distancing should be encouraged and monitored for all residents throughout the day.

- Communal dining should be limited to encourage social distancing of at least six (6) feet. This may include staggered dining times and residents eating in their rooms.
- Self-service dining such as salad bars should be discontinued immediately.
- In-house group activities should be minimized to reduce transmission risk and encourage social distancing.

Tier II – Active COVID-19 cases have been identified in your facility’s town/city or surrounding area - please contact your local Public Health Nursing Office for assistance in determining this geographical area.

- Communal dining should be avoided and residents should consume meals in their rooms.
- Group activities should be avoided.