



Coronavirus Disease 2019 (COVID-19)

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Considerations for Retirement Communities and Independent Living Facilities

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CDC offers the following considerations for ways in which administrators of retirement communities and independent living facilities can help protect residents, workers, visitors, and communities and slow the spread of COVID-19. These considerations are for administrators of retirement communities and independent living facilities that are not healthcare facilities. Learn more about [guidance for long-term care facilities \(LTCFs\) that offer medical services](#) (e.g., nursing homes, skilled nursing facilities, assisted living facilities, day care programs for older adults).

A retirement community or independent living facility is a residential or housing community that is usually age-restricted (e.g., aged 55 and older) with residents who are partially or fully retired and can generally care for themselves without regular nursing or other routine medical assistance. Communal facilities, community activities, meals, transportation, and socialization opportunities may be provided. Different types of independent housing with support services for older adults include:

- Public housing for low-to-moderate income older adults
- Assisted living homes that do not provide medical services
- Continuing Care Retirement Communities, which include a range of housing options including independent living

Administrators can determine, in collaboration with [state and local health officials](#), whether and how to implement these considerations, making adjustments to meet the unique needs and circumstances of the local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. These considerations are meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which retirement communities and independent living facilities must comply.

Guiding Principles to Keep in Mind

Many people living in retirement communities and independent living facilities are at [higher risk for severe illness](#) from COVID-19 because:

- Risk increases with age, and/or
- They may have underlying health conditions such as heart disease, diabetes, or lung disease.

They also may be at higher risk of getting and spreading the virus because of retirement community and independent living facility characteristics, such as frequent social activities, group dining facilities and other communal spaces, community activities, and shared transportation. The more people a resident or worker interacts with, and the longer that interaction, the higher the risk of COVID-19 spread.

The risk of COVID-19 spread increases in retirement communities and independent living facilities settings as follows:

Lower Risk for this Setting: Residents do not spend time in each other's individual living spaces, and most communal areas (e.g., cafeteria, activity room) are closed. Workers and residents remain at least 6 feet apart at all times, undergo daily health screenings, and wear [cloth face coverings correctly](#). Non-essential volunteers and visitors are not permitted.

More Risk for this Setting: Residents do not spend time in each other's individual living spaces. Individual residents may use properly ventilated communal areas (e.g., dining room) or participate in small group outdoor activities, but they remain at least 6 feet apart at all times. Workers, residents, volunteers, and visitors remain at least 6 feet apart at all times, undergo daily health screenings, and wear [cloth face coverings correctly](#). Non-essential volunteers and visitors are permitted, but limited.

Higher Risk for this Setting: Residents spend significant time indoors together, possibly in each other's living spaces as well as in communal areas. They may not consistently remain at least 6 feet apart, nor wear [cloth face coverings](#). They also frequently spend time in the larger community (e.g., traveling together to attend public events). Non-essential volunteers and visitors are not restricted.




COVID-19 is mostly [spread](#) by respiratory droplets released when people cough, sneeze, or talk. Someone can also get COVID-19 by touching a surface or object that has the virus on it and then touching their own nose, mouth, or possibly their eyes. COVID-19 may be spread by people who are not showing symptoms. Therefore, personal prevention practices (such as frequent [handwashing](#), social distancing, and [staying home when sick](#)) and environmental [cleaning and disinfection](#), as well as use of cloth face coverings are important principles that are covered in this document. Fortunately, there are a number of actions administrators can take to help lower the risk of COVID-19 exposure and spread in their communities and at their facilities.

Plan and Prepare

Review, update, and implement emergency operations plans (EOPs).

The most important thing for administrators of retirement communities and independent living facilities to do now is **plan and prepare**. No matter the level of transmission in a community, every retirement community and independent living facility should have a plan in place to protect residents, workers, volunteers, and visitors from the spread of COVID-19. This should be done in collaboration with local public health departments, local or state regulatory agencies, and other relevant partners. Focus on components, or annexes, of the plans that address infectious disease outbreaks.

Reference key resources while reviewing, updating, and implementing the EOP.

- Multiple federal agencies have developed resources on emergency preparedness for older adults *before, during, and after* possible emergencies. Retirement communities and independent living facilities may find this guidance for developing emergency operations plans helpful.
- The [Administration for Community Living's Emergency Preparedness webpage](#)  contains links to free tools and resources on emergency planning and response for older adults and people with disabilities. Use [CDC's Emergency Preparedness for Older Adults](#) to help residents create emergency plans. Additionally, [FEMA's Planning Considerations for Organizations in Reconstituting Operations During the COVID-19 Pandemic](#)  outlines key considerations for planning to resume operations while protecting the well-being and safety of employees and communities.
- A [checklist](#)  is available for use by long-term care facilities and assisted living facilities to assess and improve their preparedness for responding to COVID-19. Retirement communities and independent living facilities can adapt this checklist to meet their needs and circumstances.

Planning strategies include:

- Informing residents, workers, volunteers, and visitors about COVID-19. Develop information-sharing systems that are tailored to the needs of your community. For instance, administrators can support residents who have no or limited access to the internet by delivering print materials to their residents. Printable materials for community-based settings are available on the [CDC Website](#).
- Promoting healthy behaviors that reduce spread, maintain healthy environments and operations, and what to do in the [event someone gets sick](#).
- Taking action to prevent or slow the spread of COVID-19 including limiting the number of non-essential visitors to workers, volunteers, and visitors who are essential to preserving the health, including mental health, well-being, and safety of residents.
- Consider identifying residents who have unique medical needs (including behavioral health needs) and encourage them to develop a plan for if they or their primary caregiver(s) become ill.

Promoting Behaviors that Reduce Spread

Retirement communities and independent living facilities can use several strategies to encourage behaviors that reduce the spread of COVID-19.

- **Staying Home or Self-Isolating when Appropriate**
 - Educate residents, workers, volunteers, and visitors on when they should [stay home or self-isolate](#) in their living quarters.
 - Actively encourage those who are [sick](#) to stay home or in their living quarters.
 - Residents, workers, volunteers, and visitors should [stay home](#) when they have confirmed or suspected COVID-19.
 - Those who have recently had [close contact](#) with a person with COVID-19 should also [stay home and monitor their health](#).
 - Develop flexible and non-punitive policies that encourage sick individuals to stay at home without fear of reprisals, and ensure workers are aware of these policies. Offer telework options, if feasible.
 - Educate both facility-based workers (including ancillary staff such as dietary, recreational, and environmental services), consultant personnel (e.g., housekeeping, sitter, barber), and volunteers who provide care or services in the facility. Inclusion of consultants in all efforts is important, since they

commonly provide care in multiple facilities and can be exposed to COVID-19 or serve as a source of transmission. Workers or volunteers who visit multiple locations should be encouraged to tell facilities if they have had exposure to other facilities with recognized COVID-19 cases.

- CDC's criteria can help inform when workers should return to work:
- [If they have been sick with COVID-19](#)
- [If they have recently had close contact with a person with COVID-19](#)

- **Hand Hygiene and Respiratory Etiquette**

- Recommend and reinforce [handwashing](#) with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% ethanol or 70% isopropanol can be used.
- Reinforce handwashing in between interactions with residents as appropriate.
- Encourage [covering coughs and sneezes](#) with a tissue or use the inside of your elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.

- **Cloth Face Coverings**

- Recommend and reinforce use of [cloth face coverings](#) among residents, workers, volunteers, and visitors. Cloth face coverings should be worn whenever feasible and are **most essential** in times when social distancing is difficult, such as during personal care activities (e.g., cutting hair). Individuals should be frequently reminded not to touch the face covering and to [wash their hands](#). Information should be provided to all residents, workers, volunteers and visitors on [proper use, removal, and washing of cloth face coverings](#).
 - Note: Cloth face coverings should **not** be placed on:
 - Babies and children younger than 2 years old
 - Anyone who has trouble breathing or is unconscious
 - Anyone who is incapacitated or otherwise unable to remove the cover without assistance
 - Cloth face coverings should be [worn correctly](#) and [washed](#) before reuse.
 - Residents with early dementia or other cognitive disabilities living in retirement communities or independent living facilities with a caregiver (e.g., spouse) may require assistance with wearing a cloth face covering or even be unable to comply with wearing one properly.
 - Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms.
 - Cloth face coverings are not personal protective equipment (PPE) and should NOT be worn by workers instead of a respirator or surgical mask if more than source control is required.
 - Persons with symptoms of mental disorders, including anxiety, phobias, or panic attacks, might have trouble breathing using a cloth face covering, and this should be avoided. Efforts should be made to eliminate these types of adverse outcomes while still helping the individual utilize CDC recommended COVID-19 prevention strategies like wearing a face covering if it is possible and can be done safely.
 - A cloth face cover is not a substitute for social distancing.

- **Social Distancing**




- Encourage [social distancing](#) by asking workers, residents, volunteers, and visitors to stay at least 6 feet (2 meters) apart both in common areas and individual residences.

- **Adequate Supplies in Common Areas**

- Support [healthy hygiene](#) behaviors by providing supplies, including soap, hand sanitizer containing at least 60%

alcohol, paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot pedal trash cans.



- **Signs and Messages**

- Post [signs](#) in highly visible locations (e.g., building entrances, restrooms, dining areas) that [promote everyday protective measures](#)  and describe how to [stop the spread](#)  of germs (such as [social distancing](#), by [properly washing hands](#) and [properly wearing a cloth face covering](#) ).
- Broadcast regular [announcements](#) on PA systems in communal areas.
- Include messages (for example, [videos](#)) about behaviors that prevent spread of COVID-19 when communicating with residents, workers, volunteers, and visitors (such as on websites, in emails, in facility newsletters, and on [social media accounts](#)).
 - Find free CDC print and digital resources on CDC's [communications resources](#) main page.
 - Identify and address potential language, cultural, and environmental barriers associated with communicating COVID-19 information. Consider developing communication materials in alternative formats (e.g., large print, braille, ASL) for people who have low vision or are blind or people who are deaf or hard of hearing.
 - Consider developing communication materials at an 8th grade reading level and using plain or easy to understand language.
 - Communications may need to be framed or adapted so they are culturally appropriate for your audience and easy to understand. In addition, there are resources on the CDC website that are in many [languages](#).

Maintaining Healthy Environments in Common Areas

Retirement communities and independent living facilities may consider several strategies to maintain healthy environments.

- **Cleaning and Disinfection**

- [Clean and disinfect](#) frequently touched surfaces (e.g., door handles, handicap door access switches, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, dining hall tables) within facilities at least daily or between use as much as possible. Use of shared objects (e.g., computer equipment, remote controls, print materials) should be limited when possible, or cleaned and disinfected between use.
- Develop a schedule for increased, routine cleaning and disinfection.
- Ensure [safe and correct use](#) and storage of [cleaners and disinfectants](#)  , including storing products securely. Use products that meet [EPA disinfection criteria according to manufacturer's](#)  labeled directions.
- Encourage residents, workers, volunteers, and visitors to keep their personal items (e.g., cell phones, other electronics) and personal work and living spaces clean. Encourage residents, workers, volunteers, and visitors to use disinfectant wipes to wipe down objects and surfaces before use.

- **Ventilation**

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to residents, workers, volunteers, and visitors using the facility.

- **Water Systems**

- To minimize the risk of [Legionnaires' disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems, water-using devices, and water features (e.g., ice machines, drinking fountains, decorative fountains) are safe to use after a prolonged shutdown or reduced operation. Drinking fountains, like

all high-touch surfaces, should be cleaned and disinfected, but encourage residents, workers, volunteers, and visitors to bring their own water to minimize use and sharing of water fountains.


- **Modified Layouts**

- Alter schedules to reduce mixing and close contact, such as staggering meal and activity times and forming small groups that regularly participate at the same times and do not mix with individuals in other groups.
- Arrange seating of chairs and tables to be least 6 feet apart during shared meals or other events.
- Minimize traffic in enclosed spaces, such as mailrooms, elevators, and stairwells. Consider limiting the number of individuals in an elevator at one time and designating one-directional stairwells, if possible.
- Ensure that social distancing can be maintained in shared rooms, such as television, game, or exercise rooms, or rooms for shared worship services.
- Create distance between residents in shared vehicles (e.g., skipping rows) when possible.

- **Physical Barriers and Guides**

- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception areas).
- Provide physical guides, such as tape on floors or sidewalks and signs on walls to ensure that individuals remain at least 6 feet apart.


- **Communal Spaces**

- Close indoor shared spaces such as dining halls, game rooms, computer rooms, exercise rooms, and lounges if needed to ensure safety of the residents. Otherwise, stagger use and restrict the number of people allowed in at one time to ensure everyone can stay at least 6 feet apart, and [clean and disinfect](#) between use. Prioritize outdoor activities where possible.
- Limit the presence of non-essential volunteers and visitors in shared areas, when possible.
- Add physical barriers, such as plastic flexible screens, between bathroom sinks and between beds especially when they cannot be at least 6 feet apart.
- [Clean and disinfect](#) bathrooms regularly (e.g., in the morning and evening, after times of heavy use) using [EPA-registered disinfectants](#)  following the manufacturer's labeled directions.
- Considerations for specific communal rooms in your facility:

Shared kitchens and dining rooms

- Restrict the number of people allowed in the kitchen and dining room at one time so that everyone can stay at least 6 feet apart from one another.
- People who are sick, their household members, and those who have [higher risk of severe illness](#) from COVID-19 should have prepared meals delivered to and eaten in their residence, if possible.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher. [Wash hands](#) after handling used food service items.
- Use gloves when removing garbage bags and handling and disposing of trash. After removing gloves, [wash hands](#).

Laundry rooms

- Maintain access and adequate supplies to laundry facilities. Restrict the number of people allowed in laundry rooms at one time to ensure everyone can stay at least 6 feet apart.
- Provide disposable gloves, soap for washing hands, and household cleaners and [EPA-registered disinfectants](#)  for residents and workers to clean and disinfect buttons, knobs, and handles of laundry machines, laundry baskets, and

shared laundry items.

- Post [guidelines](#) for doing laundry such as washing instructions and handling of dirty [laundry](#).



Recreational areas such as activity rooms and exercise rooms

- Consider closing activity rooms or restricting the number of people allowed in at one time to ensure everyone can stay at least 6 feet apart.
- Hold organized activities outdoors, where possible. Consider closing exercise rooms; otherwise, stagger use, increase air flow by opening windows where possible, and [clean and disinfect](#) between use.
- Activities and sports (e.g., basketball, chess) that require close contact are not recommended.

Pools and hot tubs

- Consider closing pools and hot tubs or limiting access to pools for essential activities only, such as water therapy. Consider additional prevention activities for [public pools, hot tubs, and water playgrounds during COVID-19](#) for those that remain open.
- While proper operation, maintenance, and disinfection (with chlorine or bromine) should kill the virus that causes COVID-19 in pools and hot tubs, they may become crowded, making it difficult to maintain social distance. It can also be challenging to keep surfaces clean and disinfected.
- Considerations for shared spaces (maintaining social distance and [cleaning and disinfecting](#) surfaces) should be addressed for the pool and hot tub area and in locker rooms if they remain open.

Shared bathrooms

- Shared bathrooms should be cleaned regularly using [EPA-registered disinfectants](#)  , at least twice per day (e.g., in the morning and evening or after times of heavy use), and as needed during use.
- Make sure bathrooms are continuously stocked with soap and paper towels. Hand sanitizer could also be made available.
- Make sure trash cans are emptied regularly.
- Provide information on how to [wash hands](#) properly. Hang [signs](#)  in bathrooms.

- **Individual Spaces**

- Limit workers entering residents' rooms or living quarters unless it is necessary. Use virtual communications and check ins (phone or video chat), as appropriate.
- Reinforce handwashing by workers in between entering resident's living quarters.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
- Consider limiting the presence of non-essential volunteers and visitors (e.g., one visitor per resident per day).

- **Food Service**

- Minimize the number of people allowed in the kitchen, food prep area, or dining area to allow for social distancing of at least 6 feet.
- Provide grab-and-go options for meals. If a cafeteria or group dining room is typically used, if possible, serve individually plated meals (versus buffet or any self-serve stations). Offer meal delivery, if feasible.
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should [wash their hands](#) after removing their gloves or after directly

handling used food service items.

- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and consider the [safety of individuals with food allergies](#). 📄

- **Shared Objects**

- Discourage people from sharing items that are difficult to clean or disinfect (e.g., puzzles, game pieces).
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible, or limit use of supplies and equipment to one group of residents at a time and [clean and disinfect](#) between use.
- Avoid sharing electronic devices, books, pens, and other devices or aids.

Maintaining Healthy Operations

Retirement communities and independent living facilities may consider different strategies to maintain healthy operations.

- **Protections for Residents, Workers, Volunteers, and Visitors at Higher Risk for Severe Illness from COVID-19**

- Offer options for those at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework, modified job responsibilities, virtual participation in community events).
- Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.

- **Regulatory Awareness**

- Be aware of local or state regulatory agency policies related to group gatherings or outings to determine if events or activities can be held.

- **Gatherings**

- Identify services and activities (e.g., meal programs, [religious services](#), and exercise rooms and programs) that might need to be limited, adapted, or temporarily discontinued. Consider alternative solutions (e.g., virtual services) that will help programs continue while being safe for participants.
- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
- Limit gathering attendance to workers, volunteers, and visitors who are essential to preserving the health, including mental health, well-being, and safety of residents. Limit attendance of individuals who are not from the local area (e.g., community, town, city, county).

- **Telework and Virtual Meetings**

- Encourage telework for as many workers as possible, especially employees at [higher risk for severe illness from COVID-19](#).
- Replace in-person meetings with video- or tele-conference calls whenever possible.
- Provide support services virtually, as feasible.

- **Travel and Transit**

- Consider options for limiting non-essential travel in accordance with state and local regulations and guidance.
- Encourage individuals who are at [higher risk of severe illness](#) from COVID-19, such as older adults, people with disabilities, and people of any age who have serious underlying medical conditions, to limit travel.
- If providing transportation, consider cohorting residents (keeping small groups together) to limit mixing, and create distance between passengers on buses/vans and other transport vehicles (e.g., skip rows) when

possible.

- If transport vehicles (e.g., buses/vans) are used, drivers should practice all safety actions and protocols as indicated for other workers (e.g., hand hygiene, cloth face coverings). To clean and disinfect buses or other transport vehicles, see guidance for [bus transit operators](#).
- Encourage residents, workers, volunteers, and visitors who use public transportation to consider using forms of transportation that minimize close contact with others (e.g., walking, biking, driving or riding by car—alone or with household or facility aging services members only) if feasible. Encourage residents, workers, volunteers, and visitors who use public transportation to follow CDC guidance on [how to protect yourself when using transportation](#).
- **Designated COVID-19 Point of Contact**
 - Designate a staff member to be responsible for responding to COVID-19 concerns. All residents, workers, volunteers, and visitors should know who this person is and how to contact them (see “signs and messages”).
- **Communication Systems**
 - Put systems in place for:
 - Having residents, workers, volunteers, and visitors file a report to the facility if they have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with [health information sharing regulations for COVID-19](#) [🔗](#) (e.g., see “Notify Health Officials and Close Contacts” in the **Preparing for When Someone Gets Sick** section below).
 - Notifying residents and families, and the public of any restrictions in place to limit exposure to the virus that causes COVID-19 (e.g., limitations of visitors).
 - Educating residents and families including with information about COVID-19; actions the facility is taking to protect them and/or their loved ones, including visitor restrictions; and actions they can take to protect themselves in the facility, emphasizing the importance of staying home when sick, social distancing, hand hygiene, respiratory hygiene and cough etiquette, and wearing a cloth face covering.
- **Leave (Time Off) and Excused Absence Policies**
 - Implement flexible, non-punitive sick leave policies and practices that enable workers to stay home or self-isolate when they are sick or caring for someone who is sick.
 - Examine and revise policies for excused absences and leave, telework, and employee compensation.
 - Leave policies should be flexible and not punish people for taking time off, and should allow sick employees to stay home and away from others. Leave and excused absence policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
 - Develop policies for returning to activities and facilities after COVID-19 illness. CDC’s [criteria to discontinue home isolation and quarantine](#) can inform these policies.
- **Back-Up Staffing Plan**
 - Monitor absenteeism of workers and volunteers, cross-train workers, and create a roster of trained back-up staff.
- **Worker Training**
 - Train workers and volunteers on everyday [preventive behaviors](#) and all safety protocols.
 - Conduct training virtually or ensure that [social distancing](#) is maintained during training.
- **Recognize Signs and Symptoms**
 - [Symptoms](#) of COVID-19 can range from mild symptoms to severe illness and death. Symptoms may appear 2–14 days after exposure. Watch for fever, cough, shortness of breath, or other symptoms (chills, headache, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting or diarrhea). These symptoms might not be the same in every person.
 - In some cases, fever or other [symptoms](#) can take longer to develop in older adults and people of any age

with underlying health conditions.

- In older adults, normal body temperature can be lower than in younger adults (closer to 97°F than 98.6°F). Fever temperatures can be lower in older adults.
- If feasible, conduct daily health checks or ask residents, workers, volunteers, and visitors to conduct self-checks (e.g., temperature screening and/or [symptom checking](#)).
- Health checks should be done safely and respectfully, and in accordance with any applicable privacy laws and regulations. Facility administrators may use examples of screening methods in CDC's [General Business FAQs](#).
- Workers and volunteers should be advised that if they develop a fever or symptoms of respiratory infection while at work, they should immediately put on a cloth face covering (if appropriate) if not already wearing one, inform their supervisor, and leave the workplace.
- **Sharing Facilities**
 - Encourage any organizations that share or use the facilities to also follow these considerations, and limit or temporarily stop shared use, if feasible.
- **Accepting New Residents**
 - First, review and follow the guidance and directives from your state and local officials. If your situation is not restricted by their guidance and directives, then consider the following guidance:
 - At check-in, provide any new or potential resident with a clean [cloth face covering](#) and keep them isolated from others.
 - Medical evaluation may be necessary depending on the symptoms.
 - If your facility is full, your facility space is inadequate to maintain social distancing, or you do not have the resources (staff, prevention supplies) to accept additional residents, reach out to community- or faith-based organizations to help meet individuals' needs, including:
 - A safe place to stay
 - Ability to obtain basic necessities, such as food, personal hygiene products, and medicine
 - Access to any needed medical or behavioral health services
 - Access to a phone or a device with internet access to seek out resources and virtual services and support
- **Supporting Residents**
 - Suggest that residents keep up-to-date lists of medical conditions and medications, and periodically check to ensure they have a sufficient supply of their prescription and over-the-counter medications.
 - If possible, help residents understand they can contact their healthcare provider to ask about getting extra necessary medications to have on hand for a longer period of time, or to consider using a mail-order option for medications.
 - Make sure that residents are aware of serious symptoms of their underlying conditions and of [COVID-19 symptoms that require emergency care](#), and that they know who to ask for help and when to call 911.
 - Encourage residents who live alone to seek out a "buddy" in the community who will check on them and safely make sure they are getting basic necessities, including food and household essentials.
- **Support Coping and Resilience**
 - Support residents' efforts to stay connected with their families and loved ones, such as through:
 - Frequent video chats, emails, text messages, and phone calls.
 - Recorded video messages to share via email or text message, if live-video chatting is not feasible.
 - Cards and letters with messages of support and updates on family members.
- Encourage workers and residents to take breaks from watching, reading, or listening to news stories, including social media, if they are feeling overwhelmed or distressed.
- Promote workers and residents eating healthy, exercising, getting sleep, and finding time to unwind.

- Encourage workers and residents to talk with people they trust about their concerns and how they are feeling.
- Acknowledge that workers may experience [elevated levels of stress](#) during this time. Provide resources on coping with stress and encourage workers to seek help through their healthcare provider if stress gets in the way of their daily activities for several days in a row.
- Consider posting signage for the national distress hotline: 1-800-985-5990, or text TalkWithUsto 66746.

Preparing for When Someone Gets Sick



Retirement communities and independent living facilities may consider different strategies to prepare for when someone gets sick.

- **Advise Sick Individuals of Home Isolation Criteria**

- Sick workers should not return to the facilities or end isolation until they have met CDC's [criteria to discontinue home isolation](#).
- Have ill residents seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed.
- Residents are not required to notify administrators if they have a confirmed case of COVID-19. If you receive information that someone in your facility has COVID-19, you should work with the [local health department](#) [↗](#) to notify anyone in the building who may have been exposed (had close contact with the person who is ill) while maintaining the confidentiality of the ill person as required by the Americans with Disabilities Act ([ADA](#) [↗](#)) and, if applicable, the Health Insurance Portability and Accountability Act ([HIPAA](#)). [↗](#)
- Provide the ill person with information on [how to care for themselves](#) and [when to seek medical attention](#).
- Encourage residents with [COVID-19 symptoms](#) and their household members and close contacts [to self-isolate – limit their use of shared spaces as much as possible](#).
 - If possible, designate a separate bathroom for residents with COVID-19 symptoms.
 - Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to persons with COVID-19 symptoms to as-needed cleaning (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill persons or soiled items.
 - Follow guidance on [when to stop isolation](#).
- Minimize the number of workers who have face-to-face interactions with residents who have suspected or confirmed COVID-19.
- Encourage caregivers who visit persons with COVID-19 symptoms to follow [recommended precautions](#) to prevent the spread.
- Workers at [higher risk](#) of severe illness from COVID-19 should not have close contact with residents who have suspected or confirmed COVID-19.
 - Those who have been in [close contact](#) with a resident who has confirmed or suspected COVID-19 should monitor their health and call their healthcare provider if they develop [symptoms suggestive of COVID-19](#).

- **Isolate and Transport Those Who Are Sick**

- Early implementation of stringent isolation and protective measures after identification of COVID-19 cases may be effective in minimizing spread of the virus. Immediately separate residents, workers, volunteers, or visitors with COVID-19 [symptoms](#) (such as fever, cough, or shortness of breath). Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow [CDC Guidance for caring for oneself and others](#) who are sick. Facilities may follow [CDC's Guidance for Shared or Congregate Housing](#) for those that live in facility housing.

- Work with facility administrators and healthcare providers to identify an isolation room, area, or building/floor (depending on the facility or community structure) to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. Facility healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
 - Identify a list of healthcare facilities and [alternative care sites](#) where residents with COVID-19 can receive appropriate care, if needed.
 - Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If calling an ambulance or bringing someone to the hospital, alert them that the person may have COVID-19.
 - Make sure that workers, volunteers, and visitors know they should not come to the facility if they are sick, and should notify facility officials (e.g., facility designated COVID-19 point of contact) if they become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with COVID-19 symptoms or a confirmed or suspected case.
- **Clean and Disinfect**
 - Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#)
 - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct](#) use and storage of [cleaning](#)  and disinfection products.
- **Notify Health Officials and Close Contacts**
 - In accordance with state and local laws and regulations, retirement communities and independent living facilities should notify [local health officials](#), residents, workers, volunteers, and visitors of cases of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#)  .
 - Inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home or in their living quarters and [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.

Other Resources

[Latest COVID-19 information](#)

[COVID-19 Guidance for Older Adults](#)

[Preparing for COVID-19 in Nursing Homes](#)

[Cleaning and Disinfection](#)

[Guidance for Workplaces](#)

[Shared and Congregate Housing](#)

[Guidance for U.S. Healthcare Facilities](#)

[Community and Faith-Based Organizations](#)

[COVID Prevention](#)

[Handwashing Information](#)

[Face Coverings](#)

[Social Distancing](#)

[People at Higher Risk](#)

[Managing Stress and Coping](#)

[COVID-19 Frequently Asked Questions](#)

[HIPAA and COVID-19 !\[\]\(7bc43b319a082987e20f7bf78f4bab80_img.jpg\)](#)

[CDC Communication Resources](#)

[Community Mitigation](#)

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Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases