

COVID-19 RESOURCES

Older Adults, Caregivers, Long-term Care Facilities,
and Dementia in the time of COVID-19

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Links to Featured Resources

Information for Older Adults

- CDC: Higher Risk & Special Populations <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>
- CDC: What Older Adults Need to Know <https://www.youtube.com/watch?v=TjcoN9Aek24>
- AARP: Coronavirus and Older Adults: Your Questions Answered <https://www.aarp.org/health/conditions-treatments/info-2020/cdc-covid-19.html>
- CDC: Share Facts About COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts-h.pdf>
- [Caregiving during COVID-19](#)
- NIA: “COVID-19: Adjusting to the ‘new normal’” <https://www.nia.nih.gov/research/blog/2020/03/covid-19-adjusting-new-normal>
- U.S. House of Representatives: “Families First: COVID-19 Constituent Service Resources Toolkit:” <https://www.speaker.gov/sites/speaker.house.gov/files/COVID%20TOOLKIT%203.30.20.pdf>

Information for Long-Term Care Facilities

- NCOA: “COVID-19 Resources for Senior Centers” <https://www.ncoa.org/news/ncoa-news/national-institute-of-senior-centers-news/covid-19-resources-for-senior-centers/>
- CDC: Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Information for Caregivers

- Hartford Foundation: “Coronavirus Disease (COVID-19) Resources for Older Adults Family Caregivers and Health Care Providers (Updated 4/2)” <https://www.johnhartford.org/dissemination-center/view/coronavirus-disease-covid-19-resources-for-older-adults-family-caregivers-and-health-care-providers>
- Hartford Foundation: “GIA Webinar: COVID-19 and Long-Term Care- Preparing and Supporting Families and Family Caregivers” <https://www.johnhartford.org/dissemination-center/view/gia-webinar-covid-19-and-long-term-care-preparing-and-supporting-families-and-family-caregiver>
- Caregiver Action Network: “COVID-19 and Family Caregiving” <https://caregiveraction.org/covid-19>
- NIA: “Caregiving in a time of Coronavirus: A message from your Alzheimer’s Disease Research Center”

Dementia Information

- **Alzheimer’s Association: “Coronavirus (COVID-19): Tips for Dementia Caregivers** [https://www.alz.org/help-support/caregiving/coronavirus-\(covid-19\)-tips-for-dementia-care](https://www.alz.org/help-support/caregiving/coronavirus-(covid-19)-tips-for-dementia-care)
- **Alzheimer’s Association: “Emergency Tips: Caring for Persons Living with Dementia in a Long-Term or Community-Based Care Setting”:** https://alz.org/media/Documents/COVID-19-EmergencyTips_LongTermCommunityBasedDementiaCare_AlzheimersAssociation.pdf
- **Bright Focus: “COVID-19 and Alzheimer’s Disease”** <https://www.brightfocus.org/alzheimers-disease/article/covid-19-and-alzheimers-disease>
- **Alzheimer’s News Today: “Information About COVID-19 for Alzheimer’s Disease Patients”** <https://alzheimersnewstoday.com/information-about-covid-19-for-alzheimers-disease-patients/>
- **Alzheimer’s Society: “Coronavirus: Information for People Affected by Dementia”** <https://www.alzheimers.org.uk/get-support/coronavirus-covid-19>

Information for Older Adults

Included in this section:

- **CDC: Higher Risk & Special Populations** <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>
- **CDC: What Older Adults Need to Know** <https://www.youtube.com/watch?v=TjcoN9Aek24>
- **AARP: Coronavirus and Older Adults: Your Questions Answered** <https://www.aarp.org/health/conditions-treatments/info-2020/cdc-covid-19.html>
- **CDC: Share Facts About COVID-19** <https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts-h.pdf>
- [Caregiving during COVID-19](#)
- **NIA: “COVID-19: Adjusting to the ‘new normal’”** <https://www.nia.nih.gov/research/blog/2020/03/covid-19-adjusting-new-normal>
- **U.S. House of Representatives: “Families First: COVID-19 Constituent Service Resources Toolkit:** <https://www.speaker.gov/sites/speaker.house.gov/files/COVID%20TOOLKIT%203.30.20.pdf>

People Who are at Higher Risk: Older Adults

Older adults, 65 years and older, are at higher risk for severe illness. COVID-19 is a new disease and we are learning more about it every day.



What you can do

Stay home.

Wash your hands often.

Avoid close contact (6 feet, which is about two arm lengths) with people who are sick.

Clean and disinfect frequently touched surfaces.

Avoid all cruise travel and non-essential air travel.

Call your healthcare professional if you have concerns about COVID-19 and your underlying condition or if you are sick.

See also: [How to Protect Yourself](#)

Stress and coping

Older people are at higher risk for severe illness from COVID-19 which may result in increased stress during a crisis.

Fear and anxiety about the COVID-19 pandemic can be overwhelming and cause strong emotions.

Things you can do to support yourself:

Take breaks from watching, reading, or listening to news stories and social media. Hearing about the pandemic repeatedly can be upsetting.

Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.

Make time to unwind. Try to do some other activities you enjoy.

Connect with others. Talk with people you trust about your concerns and how you are feeling.

Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.

If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others call 911

Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746. (TTY 1-800-846-8517)

See also: [Manage Anxiety & Stress](#)

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, and shortness of breath.**

See also: [Symptoms and Testing](#)

8 out of 10 deaths reported in the U.S. have been in adults 65 years old and older



Among adults with confirmed COVID-19 reported in the U.S.:

Estimated percent **requiring hospitalization**

31-70% of adults 85 years old and older

31-59% of adults 65-84 years old

Estimated percent requiring **admission to intensive care unit**

6-29% of adults 85 years old and older

11-31% of adults 65-84 years old

Estimated percent **who died**

10-27% of adults 85 years old and older

4-11% of adults 65-84 years old

Reference:

Prevention, C. f. D. C. a. (2020). People Who are at Higher Risk: Older Adults. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

Coronavirus and Older Adults: Your Questions Answered

A CDC official explains why more risk comes with age from COVID-19

by Rachel Nania, **AARP**, Updated March 27, 2020 | Comments: 66

Older People Face Higher Coronavirus Risk

As the coronavirus spreads in the U.S. and across the globe, it's becoming more apparent that older adults and people with underlying health conditions are being hit hardest by the illness it causes. AARP asked Nancy Messonnier, M.D., an internist and director of the Centers for Disease Control and Prevention's (CDC) National Center for Immunization and Respiratory Diseases, to give us her most up-to-date insights on the coronavirus and how it's impacting older adults.

What's your best advice for people over 65 in dealing with the outbreak?

The greatest risk of infection is among those who are in close contact with people who have COVID-19. This includes family members and health care workers who care for people who are infected. If you're 65 and older and live where cases have been reported, take action to reduce your exposure. Know what's going on locally. Pay attention to recommendations from your local public health department. Also, make sure you have adequate supplies of routine medications, like medicine for blood pressure and diabetes, and household supplies in case you need to remain at home.

Editor's Note: Since this interview was conducted, the [White House has issued specific social distancing guidance](#) for the country that urges older Americans and people with underlying health conditions to stay home and to avoid other people.

"Protecting yourself and others from novel coronavirus starts with good planning. My parents are in their 80s and live in Florida. I've told them to think about what they would do to prepare for any outbreak or disaster in their community. This includes making sure you have adequate supplies of food and prescription medications in case you need to stay home, and practice everyday preventive actions such as washing your hands, cleaning your home to remove germs, avoiding sick people, and know when to get medical help if you're ill."

—Nancy Messonnier, M.D.

Should children, friends or caregivers stop or restrict visits to older people while this situation remains volatile?

This is when knowing what's going on locally is really important. What is appropriate for a community seeing local transmission won't necessarily be appropriate for a community where no transmission has occurred. Communities that have seen spread of the virus may encourage social distancing, with a goal of reducing face-to-face contact.

Editor's Note: Since this interview was conducted, the [White House has issued specific social distancing guidance](#) for the country that urges older Americans and people with underlying health conditions to stay home and to avoid other people.

Should people limit or avoid routine trips to doctors' offices during this time?

Call your doctor's office and ask what strategies they're employing to protect patients. If you develop COVID-19 symptoms, call your health care provider, inform them of your symptoms, and follow their instructions. CDC is also providing guidance to health care facilities on steps they can take to prepare for coronavirus disease.

Editor's Note: Since this interview was conducted, health officials have urged patients and health care providers to cancel or postpone all elective and nonessential medical, surgical, and dental procedures during the coronavirus outbreak.

Will warmer weather cause the number of cases of COVID-19 to drop?

It is not yet known whether weather and temperature impact the spread of COVID-19. Some other viruses, like the common cold and flu, spread more during cold weather months, but that does not mean it is impossible to become sick with them during other months.

There is much more to learn about the transmissibility, severity and other characteristics of COVID-19. Investigations to find those answers are ongoing.

For the latest coronavirus news and advice go to [AARP.org/coronavirus](https://www.aarp.org/coronavirus).

Is it true that older adults face an elevated risk from the virus?

Older people and people with underlying health conditions appear to be about twice as likely to develop serious outcomes versus otherwise younger, healthier people. CDC is particularly concerned about these people, given the growing number of cases in the United States.

Older adults experience a gradual deterioration of their immune system, making it harder for their body to fight off diseases and infection. Many are also more likely to have underlying conditions that hinder the body's ability to cope and recover from illness. People with health conditions like heart disease, lung disease and diabetes need to be especially careful to avoid exposure to COVID-19.

What should older adults in assisted living or retirement communities do?

Right now, we still judge the general risk to the American public to be low. However, those who are older and medically fragile would be at higher risk if there was spread in a community. There are general, commonsense measures that we ask long-term care facilities to do to make sure to protect their residents, and they are the same things that we've been talking about—washing hands, identifying people who are sick early to make sure that they get appropriate medical care. And when somebody is sick, trying to keep them from infecting others.

Editor's Note: Since this interview was conducted, the [CDC has issued specific guidance](#) for long-term care facilities and nursing homes to restrict all visitation, including volunteers and nonessential health care personnel, except for certain compassionate care situations, such as end-of-life situations.

More on Coronavirus

[How the immune system changes as you age](#)

[What it feels like to have COVID-19](#)

Reference:

Nania, R. (2020). Coronavirus and Older Adults: Your Questions Answered. Retrieved from <https://www.aarp.org/health/conditions-treatments/info-2020/cdc-covid-19.html>

COVID-19 Checklist for Older Adults: Prepare for Coronavirus

Tips from the CDC to get ready for an outbreak in your community

by Katherine Skiba, **AARP**, March 24, 2020 | Comments: 12

The Centers for Disease Control and Prevention has issued detailed advice for older Americans who are at higher risk for more serious [symptoms of COVID-19](#), the illness caused by the novel coronavirus. People of all ages who have severe, [chronic medical conditions](#) such as heart disease, lung disease or diabetes likewise are at higher risk.

Here are key tips for older adults and their caregivers for preparing for a coronavirus outbreak in your community, adapted from the [CDC's checklist](#) for older adults:

Know the symptoms

- If you develop COVID-19 symptoms including fever, cough and trouble breathing, call your doctor first.
- Some doctors offer telephone and [“telehealth” visits](#) to avoid the potential of spreading the virus to other patients and health care workers in the office.
- Not everyone who contracts the virus needs to be hospitalized. You may be able to recover at home. Follow your doctor's orders and [CDC guidance](#) on how to take care of yourself at home.

Be prepared

- Have a COVID-19 plan for yourself. Draw up one for your loved ones and review it.
- Have a list of your [daily medications](#) and time of day you take them. That way a caregiver will be able to help you if you get sick.
- Obtain at least a 30-day supply of your prescription drugs.
- Stock up on tissues and over-the-counter medicines to treat fever, cough and other symptoms should they arise.
- Have enough [groceries and household items](#) to be comfortable staying home for a few weeks. Make sure you have enough supplies.
- Draw up an emergency contact list.
- If you have a [caregiver](#), make a backup plan for care in case he or she falls sick.
- If you are a caretaker, monitor your charge's food, supplies and medical needs such as oxygen, dialysis and wound care. And have a backup plan.

For the latest coronavirus news and advice [go to AARP.org/coronavirus](#).

Stay at home, have a buddy

- Avoid sick people and crowds.
- [Postpone travel](#), including airplane trips, and avoid cruise ships.
- Pay attention to the local news and follow the advice of local health officials.
- [Stay in touch with others](#) by phone, email and [video chats](#).
- You might need to ask friends, family, neighbors or community health workers for help, especially if you become sick.
- Seek out a “buddy” who will check on you, help you prepare and stock up on supplies, and help care for you if needed.

Practice Healthy Habits

- Cover coughs and sneezes with a tissue or the inside of your elbow, then wash your hands.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Clean your hands often. [Wash your hands](#) with soap and water for 20 seconds.
- If you don't have soap and water, use an alcohol-based hand sanitizer with at least 60 percent alcohol.
- [Clean — and then disinfect](#) — surfaces and things you touch often. These include tables, chairs, doorknobs, light switches, elevator buttons, handrails, countertops, remote controls, shared electronic equipment, shared exercise equipment, handles, desks, phones, keyboards, toilets, faucets and sinks.
- Here are instructions to [clean and disinfect your home](#) if someone is sick.

Seek Help

- Call 911 immediately if you are sick and your symptoms worsen.
- Worsening symptoms include, but are not limited to, difficulty breathing or shortness of breath; persistent pain or pressure in the chest; bluish lips or face.
- If you are a caregiver, also pay attention if your charge shows new confusion.

More on Coronavirus

Reference:

Skiba, K. (2020). COVID-19 checklist for older adults: prepare for coronavirus. Retrieved from <https://www.aarp.org/health/conditions-treatments/info-2020/cdc-covid-19.html>

COVID-19 Coronavirus: Share Facts, Not Fear

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

Fact 1: Diseases can make anyone sick regardless of their race or ethnicity.

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus. People of Asian descent, including Chinese Americans, are not more likely to get COVID-19 than any other American. Help stop fear by letting people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.

Fact 2: For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.

Fact 3: Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

Fact 4: There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Fact 5: You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms AND
- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

For more information: [www.cdc.gov/COVID19 CS 315446-A 03/06/2020](https://www.cdc.gov/COVID19/CS315446-A03/06/2020)

Reference:

Prevention, C. f. D. C. a. (2020). Share Facts About COVID-19. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts-h.pdf>

COVID-19: Adjusting to the "new normal"

March 27, 2020

[Richard J. HODES](#),

Director,

Office of the Director (OD).

[Applications](#)[Clinical Research](#)[Funding Policy](#)[Scientific Resources](#)

The COVID-19 pandemic has rapidly changed how we live, work and learn. First and foremost, I want to assure everyone that the safety of older adults, a population known to be at high risk, is paramount to NIH and NIA leadership.

The "new normal" of this public health emergency coupled with the guidance around physical distancing also makes this a trying time for clinicians, researchers and others who support our crucial science, including trial participants. While no one knows how long our current state will last, for now, I want to let the NIA community know that much-needed help and flexibility is already in motion as you are feeling the impact in your labs and clinical trials.

Grantees with specific questions should reach out directly to their [NIA program officers](#). We are committed to responding as rapidly as possible as we transition to working and meeting online and supporting new research on the effects of this pandemic on older adults.

Resources from NIH OER

The NIH Office of Extramural Research (OER) has an excellent [website on Coronavirus Information for NIH Applicants and Recipients](#), which links to NIH Guide Notices and FAQs, as well as CDC and WHO information. Dr. Mike Lauer, NIH deputy director for extramural research, recently [wrote a blog](#) and provided a [video update](#) for grantees and applicants on what's being put into place to help.

Additionally, NIH OER also hosts a helpful [FAQs page on COVID-19 flexibilities for applicants and recipients](#) that covers [changes regarding late applications](#), reporting, budgeting, salaries/stipends, travel cancellation fees and more. NIH has also issued [guidance](#) for institutions to ensure the safety of human participants and research staff in NIH-funded clinical trials and human subjects studies. Note that NIA peer review will continue during this time but shift from in-person to online meetings.

Time for resilience and perseverance

Above all, this is a time for resilience and perseverance as many studies and trials have put enrollment and follow-up on hold as universities and labs have switched to remote work. But researchers can still do things that don't involve direct participant contact such as phone visits, data management, and analysis and dissemination activities, or tackle abstracts, presentations and manuscripts. Regardless, please keep in touch with your NIA program officer, your IRB and your institution as plans and policies evolve.

We are all in this together

In the face of realities of the current global crisis, we will need to continue to collaborate and work creatively. Together, we will improvise, adapt and overcome. NIA is here to help while you take actions to keep yourselves, your families, your colleagues and your participants safe and healthy.

We will blog more in the coming weeks about the COVID-19 impact on the NIA community, including about opportunities to contribute to research in this area. Please comment below with any questions or concerns. I wish you safety and wellness.

Reference:

Hodes, R. (2020). COVID-19: Adjusting to the 'New' Normal'. Retrieved from <https://www.nia.nih.gov/research/blog/2020/03/covid-19-adjusting-new-normal>

Families First: COVID-19 Constituent Service Resources Toolkit

INTRODUCTION

Our nation is facing one of the gravest health and economic emergencies in over 100 years. The coronavirus pandemic has had a deep impact on every aspect of American life — and bold action is required to address the health emergency, mitigate the economic damage and provide for a strong recovery.

Since the beginning of the epidemic, House Democrats have focused on ensuring our nation’s response puts workers and families first: their health, their wages and their wellbeing.

We have already passed and signed into law three sweeping pieces of legislation:

The Coronavirus Preparedness and Response Supplemental Appropriations Act

The Families First Coronavirus Response Act

The Coronavirus Aid, Relief and Economic Security (CARES) Act.

Together, these laws dramatically expand critical financial lifelines for families, establish new benefits and protections for workers, create new tools for small businesses to meet payroll and other expenses, and provide relief for students and schools.

This Families First Coronavirus Constituent Service Resource Toolkit will help you understand all the benefits that are available to you and your community — and how to access them.

INDIVIDUALS & FAMILIES

Unemployment Insurance

- More laid-off and furloughed workers than ever before (including those new to the job market) will be eligible for Unemployment Insurance and will see an additional \$600 per week to match the average paycheck for up to 4 months of benefits. These benefits will be available immediately.
- Residents seeking more information about UI benefits should contact the state unemployment insurance program. For a list of unemployment offices by state please click [here](#).

DIRECT PAYMENTS TO INDIVIDUALS & THEIR FAMILIES

- Individuals making up to \$75,000 (\$150,000 for married workers) will receive payments of \$1,200 with an additional \$500 payment per minor child. The payments decrease ratably and stop altogether for single workers making more than \$99,000 (\$198,000 for married workers and \$218,000 for a family of four.)
- These payments will be issued by the IRS via direct deposit and will be based on 2019 or 2018 tax return or 2019 Social Security statement.
- If someone has not filed a tax return in 2018 or 2019 and does not receive Social Security benefits, the IRS recommends filing a 2018 return to receive payment. If the IRS does not have the taxpayer's bank account information, the taxpayer should look for a letter from the IRS detailing how to receive their payment.
- If you receive Social Security, retirement or other social safety net benefits, you may still qualify for direct payments. These payments will not be taxable nor represent "resources" for program eligibility purposes. Click here for more information from the IRS.

ADDITIONAL RESOURCES:

- Committee on Ways & Means fact sheet & FAQ on direct payments
- Committee on Ways & Means FAQ on Social Security and direct payments

FOOD ASSISTANCE

- Supplemental Nutrition Assistance Program (SNAP), more commonly known as food stamps, ensures that Americans receive the food they need, especially if they are newly unemployed. Congress has invested in SNAP in the last three bills to help Americans put food on the table during this crisis.
- In order to apply for SNAP, contact your state SNAP office or the U.S. Department of Agriculture's Food & Nutrition Services regional offices near you.

ADDITIONAL RESOURCE:

- Committee on House Agriculture Fact Sheet and FAQs on anti-hunger programs

- The Special Supplemental Nutrition Program for Women Infants and Children (WIC) provides access to nutritious foods to low-income pregnant women or mothers. To see if you are eligible for WIC benefits click [here](#). To learn more about how to apply for WIC click [here](#). To learn about WIC in your state, click [here](#).

ADDITIONAL RESOURCE:

- U.S. Department of Agriculture's Coronavirus Nutrition Response

FOOD BANKS

- Congress has now secured \$850 million in emergency funding for The Emergency Food Assistance Program (TEFAP) to help food banks face increased utilization and demand in countless communities across the country due to the coronavirus. Click [here](#) for your state contacts or find a local food bank near you.

- To find food assistance near you, call the USDA National Hunger Hotline 1-866-3-HUNGRY/1-877-8-HAMBRE

HOMEOWNER & RENTERS PROTECTIONS

- Mortgage Forbearance: Homeowners with FHA, USDA, VA, or Section 184 or 184A mortgages (for members of federally-recognized tribes) and those with mortgages backed by Fannie Mae or Freddie Mac have the right to request forbearance on their payments for up to 6 months, with a possible extension for another 6 months without fees, penalties, or extra interest. Homeowners should contact their mortgage servicing company directly.

- Eviction Protections: Renters residing in public or assisted housing, or in a home or apartment whose owner has a federally-backed mortgage, and who are unable to pay their rent, are protected from eviction for 4 months. Property owners are also prohibited from issuing a 30-day notice to a tenant to vacate a property until after the 4-month moratorium ends. This protection covers properties that receive federal subsidies such as public housing, Section 8 assistance, USDA rural housing programs, and federally-issued or guaranteed mortgages. Renters whose landlord is not abiding by the moratorium should contact the relevant federal agency that administers their housing program or their local Legal Aid office.

ENERGY ASSISTANCE FOR LOW INCOME FAMILIES

- This legislative package includes \$900 million to help low income Americans and their families heat and cool their homes. To learn more about the Low Income Home Energy Assistance Program (LIHEAP) in your state, [click here](#).

EMERGENCY PAID LEAVE

- Many workers in America currently have no paid leave and are being forced to choose between their paycheck, their health, and the health of the people around them.
- The emergency paid leave provisions passed by Congress and signed into law by the President are a critical step toward protecting families' financial security and mitigating the spread of the coronavirus. Below is information on eligibility for emergency paid sick leave and paid family leave.

ADDITIONAL RESOURCES:

- [Committee on Education and Labor Fact Sheet: Who is Eligible for Leave link](#)
- [U.S. Department of Labor Fact Sheet for Employees](#)
- [U.S. Department of Labor Fact Sheet for Employers](#)
- [U.S. Department of Labor Questions and Answers](#)
- [U.S. Department of Labor poster for federal workers and one for all other employees](#)
- [U.S. Department of Labor questions & answers document about employer posting requirements, as well as a Field Assistance Bulletin describing the 30-day nonenforcement policy.](#)
- [Treasury, IRS & Department of Labor Announcement link.](#)

SMALL BUSINESSES

- Congress secured \$350 billion in forgivable loans and \$10 billion in grants to small businesses, tribal business concerns, and certain nonprofits.
- Loans through a new SBA 7(a) Paycheck Protection Program can be forgiven when used for payroll costs (including paid leave, health care, and other costs) to retain workers, and other expenses such as rent, mortgage interest, and utilities. Independent contractors, sole-proprietors, and other self-employed persons are eligible for these loans.

- Small businesses can also apply for up to \$10,000 in grants to retain workers and pay for debt obligations.
- Small businesses, tribal business concerns, 501(c)(3) nonprofits, and 501(c)(19) veterans organizations in your district should contact their lender and the Small Business Administration office directly. For a list of SBA offices by state with contact information please [click here](#).

ADDITIONAL RESOURCE:

- Committee on Small Business fact sheet & FAQ on provisions in the CARES Act

PAID SICK AND FAMILY LEAVE TAX CREDIT

- Employers who provide required leave to their employees and who employ less than 500 employees are eligible for a tax credit to offset the costs of such leave. This tax relief will be provided against quarterly payroll taxes (those paid in connection the Form 941). For additional guidance, please refer to the IRS's website.

ADDITIONAL RESOURCES:

- Small Business Owner's Guide to the CARES Act
- Committee on Small Business: SBA State and Regional Lenders
- Lead Small Business Development Centers (SBDCs) by State or Region
- Women's Business Centers Master Contact List
- Committee on Small Business: The CARES Act for Small Businesses Flow Chart

MEDIUM-SIZED BUSINESSES

Included in the bill is a fund administered by Secretary Mnuchin designed to provide low-interest bank financing to medium-sized businesses and nonprofits with 500 to 10,000 employees.

As of now, we do not have information about the protocols for the administration of this fund. As soon as we have this information we will provide it to you.

This toolkit will be updated with new information as we receive it.

STUDENTS & EDUCATORS

STUDENT LOAN RELIEF FOR BORROWERS

- If you have student loan debt, Congress secured several options outlined below for borrowers that help provide relief through September 30, 2020. During this period, a borrower will be able to:

Pause payments for federal student loan borrowers who have Direct Loans and Federal Family Education Loan (FFEL), which means these borrowers will not be required to make any payments toward outstanding interest or principal balance.

Suspend interest accrual for such loans so that these balances don't accrue.

Avoid forced collections such as garnishment of wages, tax refunds, & Social Security benefits.

Halt negative credit reporting.

Ensure a borrower continues to receive credit toward Public Service Loan Forgiveness, Income-Driven Repayment forgiveness, and loan rehabilitation.

For additional guidance on how to apply and learn about next steps as this critical relief becomes available, please refer to the U.S. Department of Education website.

SCHOOL MEALS

- As more schools close due to coronavirus, Congress has provided emergency funding for Child Nutrition Programs to ensure students can still receive their free or reduced-price school meals during this time. To learn more, [click here](#) to learn more about your state is doing during this time.

STABILIZATION FUNDING FOR EDUCATION

- Congress secured \$30.75 billion in funding for school districts, states and higher education institutions to ensure state resources and investments are not diverted from life-long learning. For additional guidance on how to apply and learn about next steps as this critical relief becomes available, please refer to the U.S. Department of Education website.

ADDITIONAL RESOURCE: • Student Aid FAQ for COVID-19

ADDITIONAL RESOURCE: • Committee on Education & Labor FAQs on school meals 8

INDIAN COUNTRY

- **Indian Health Service:** Congress secured over \$1 billion in critically needed resources to the Indian Health Service (IHS). Information on the federal response in Indian Country can be found on the IHS website.
- **Coronavirus Relief Fund:** Democrats secured an \$8 billion relief fund at the Department of Treasury to assist tribes with costs incurred in the response to the coronavirus pandemic. For additional guidance on how to apply and learn about next steps as this critical relief becomes available, please refer to the U.S. Department of Treasury website.
- **Tribal Governance:** The legislative package provides \$453 million to the Bureau of Indian Affairs (BIA) for essential tribal governmental and to aid individual Native Americans. For resources and information on school closures, please visit the BIA website here.
- **Housing:** This legislative package provided \$300 million for programs within the Department of Housing and Urban Development's Office of Native American Programs. Resources can be found here.
- **Small Business:** The legislative package makes tribal business concerns eligible for SBA loans of up to \$10 million and SBA grants of up to \$10,000 for payroll costs to retain workers (including paid leave, health care, and other costs), and other expenses such as rent, mortgage interest, and utilities.
- **Unemployment Benefit Costs:** Congress is also allowing for tribes to be reimbursed for one-half of incurred unemployment benefit costs through December 31, 2020.

ADDITIONAL RESOURCES:

- Natural Resources Committee Coronavirus Resource Center, which includes coronavirus tribal funding information
- Appropriations Committee fact sheet on CARES Act investments to protect the health, economic security and well-being of Native Americans 9

VETERANS

- Congress provided robust emergency funding to ensure the Department of Veterans Affairs (VA) has the equipment, tests, and support services – including setting up temporary care sites, mobile treatment centers and increasing telehealth visits to allow more veterans to get care at home – necessary to provide veterans with the additional care they need. For further guidance as this funding and initiatives are implemented, please refer to the U.S. Department of Veterans Affairs website.

ADDITIONAL RESOURCES:

- Additional Resource: VA FAQ on COVID-19
- Additional Resource: List of all VA Medical Centers
- Additional Resource: Veterans Crisis Line 1-800-273-8255

Reference:

Representatives, U. S. H. o. (2020). Families First: COVID-19 Constituent Service Resources Toolkit. Retrieved from <https://www.speaker.gov/sites/speaker.house.gov/files/COVID%20TOOLKIT%203.30.20.pdf>

Information for Long-Term Care Facilities

Included in this section:

- **NCOA: “COVID-19 Resources for Senior Centers”** <https://www.ncoa.org/news/ncoa-news/national-institute-of-senior-centers-news/covid-19-resources-for-senior-centers/>
- **CDC: Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities** <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

COVID-19 Resources for Senior Centers

Posted on March 10th, 2020

[Resource guide for temporarily closed centers](#)

[Upcoming NISC Leadership Coronavirus conversations](#)

[Senior Center Operating Status](#)

[Coronavirus Conversation with NISC Leadership](#)

[Examples of planning for Coronavirus in the community](#)

[Age+Action 2020](#)

[Resources for the latest Coronavirus news](#)

NCOA and **NISC** care about keeping senior centers safe and healthy, and information on how to deal with COVID-19 is critical as the situation continues to develop.

On this page, we will share the latest best practice information that senior centers are using to prevent the spread of the virus and keep their participants safe.

The first step for all senior centers is to contact your local public health department for the latest guidance on how to respond in your immediate area. Senior centers also can play an important role in sharing trusted information with older adults.

Resource guide for temporarily closed centers

NISC is committed to helping your center continue to offer quality services and programs to your participants throughout the Coronavirus outbreak. With your help through recent webinars and surveys, we have developed an evolving resource guide, **Senior Centers Connect**, with remote programming and service continuity ideas. This guide is available to all senior centers.

Upcoming NISC Leadership Coronavirus conversations

NISC will continue to hold webinars to share ideas and best practices for remote programming and service continuity as the Coronavirus outbreak continues to evolve. Your input during these conversations helps us develop materials for all senior centers to use! You can find the upcoming conversations here:

Thursday, April 9 @ 2:00 p.m. EDT

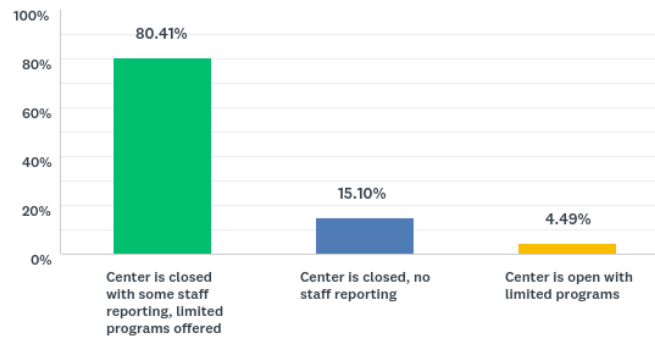
Wednesday, April 22 @ 2:00 p.m. EDT

Senior Center Operating Status

Please let us know the operating status of your senior center by [filling out this survey](#). You can fill it out more than once if the operating status of your center changes.

The below chart indicates the results of this survey as of 3/30/20. The responses in order are 80.41% reporting “the center is closed with some staff reporting, limited programs offered”, 15.10% report “the center is closed, no staff reporting” and 4.49% report that the “center is open with limited programs”. Please take the survey again if the operating status of your center changes.

Q5 What is the operating status of your senior center? Please select the most appropriate response.



Coronavirus Conversation with NISC Leadership

Examples of planning for Coronavirus in the community

See these examples of communities planning to deal with the Coronavirus.

[Coronavirus response guidance from the Minnesota Department of Health](#)

[Seattle senior centers respond to Coronavirus](#)

Age+Action 2020

Many partners are asking whether NCOA’s Age+Action Conference in Dallas, June 8-10 is still on. NCOA is monitoring the situation closely and, at this time, is still planning to host the event. Your health and safety is paramount to us. NCOA is following the guidance of the CDC, and we have confirmed with the Omni hotel in Dallas, this year’s venue, that protocols to prevent the spread of viruses are in place. Currently, we are still accepting registrations. If that changes, we will inform all attendees.

Resources for the latest Coronavirus news

Below are resources with the latest news on the Coronavirus situation.

CDC Coronavirus Disease 2019 (COVID-19)

CDC Frequently Asked Questions

CDC Webinar: What clinicians need to know to prepare for COVID-19 in the U.S.

World Health Organization Coronavirus Disease (COVID-19) Outbreak

Reference:

National Council on Aging. (2020). COVID-19 Resources for Senior Centers. Retrieved from <https://www.ncoa.org/news/ncoa-news/national-institute-of-senior-centers-news/covid-19-resources-for-senior-centers/>

Preparing for COVID-19: Long-term Care Facilities, Nursing Homes

A new respiratory disease – coronavirus disease 2019 (COVID-19) – is spreading globally and there have been instances of COVID-19 community spread in the United States. The general strategies CDC recommends to prevent the spread of COVID-19 in LTCF are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza.

On This Page

[Preparedness Checklist](#)

[Interim Guidance for Nursing Homes](#)

[Things Facilities Should Do Now](#)

[When There Are Cases in the Community](#)

[When There Are Cases in the Facility](#)

Symptoms of respiratory infection, including COVID-19:

- Fever
- Cough
- Shortness of breath

Long-term care facilities concerned that a resident, visitor, or employee may be a [COVID-2019 patient under investigation](#) should contact their local or state health department immediately for consultation and guidance.

COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings

Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). This checklist should be used as one tool to develop a comprehensive COVID-19 response plan, including plans for:

- Rapid identification and management of ill residents
- Considerations for visitors and consultant staff
- Supplies and resources
- Sick leave policies and other occupational health considerations
- Education and training
- Surge capacity for staffing, equipment and supplies, and postmortem care

The checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Long-term care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

[COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings pdf icon](#)[PDF – 1 MB]

Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes

Summary of Changes to the Guidance:

- Updated guidance to recommend that nursing homes:
- Restrict all visitation except for certain compassionate care situations, such as end of life situations
- Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers)
- Cancel all group activities and communal dining
- Implement active screening of residents and HCP for fever and respiratory symptoms

COVID-19 is being increasingly reported in communities across the United States. It is likely that SARS-CoV-2 will be identified in more communities, including areas where cases have not yet been reported. As such, nursing homes should assume it could already be in their community and move to restrict all visitors and unnecessary HCP from the facility; cancel group activities and communal dining; and implement active screening of residents and HCP for fever and respiratory symptoms.

Background

Given their congregate nature and residents served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at the highest risk of being affected by COVID-19. If infected with SARS-CoV-2, the virus that causes COVID-19, residents are at increased risk of serious illness.

Visitor Restrictions

Ill visitors and healthcare personnel (HCP) are the most likely sources of introduction of COVID-19 into a facility. CDC recommends aggressive visitor restrictions and enforcing sick leave policies for ill HCP, even before COVID-19 is identified in a community or facility.

These recommendations supplement CDC's [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#). These recommendations are specific for nursing homes, including skilled nursing facilities. Much of this information could also be applied in assisted living facilities. This information complements, but does not replace, the general [infection prevention and control recommendations](#) for COVID-19.

This guidance is based on the currently available information about COVID-19. It will be refined and updated as more information becomes available and as response needs change in the United States. It is important to understand transmission dynamics in your community to inform strategies to prevent introduction or spread of COVID-19 in your facility. Consultation with public health authorities can help you better understand if transmission of COVID-19 is occurring in your community.

[See the COVID-19 Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings. pdf icon](#)[PDF – 1 MB]

Things facilities should do now

Educate Residents, Healthcare Personnel, and Visitors

Share the [latest information about COVID-2019](#).

Review CDC's [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

Educate and train HCP.

Reinforce sick leave policies. Remind HCP not to report to work when ill.

Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE.

Educate both facility-based and consultant personnel (e.g., wound care, podiatry, barber) and volunteers. Including consultants is important because they often provide care in multiple facilities and can be exposed to or serve as a source of pathogen transmission.

Educate residents and families including:

- information about COVID-19
- actions the facility is taking to protect them and their loved ones, including visitor restrictions
- actions residents and families can take to protect themselves in the facility

Provide Supplies for Recommended Infection Prevention and Control Practices

Hand hygiene supplies:

- Put alcohol-based hand sanitizer with 60–95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).
- Make sure that sinks are well-stocked with soap and paper towels for handwashing.

Respiratory hygiene and cough etiquette:

- Make tissues and facemasks available for coughing people.
- Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff.

Make necessary Personal Protective Equipment (PPE) available in areas where resident care is provided. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room. 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
- eye protection (i.e., face shield or goggles).

Consider implementing a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training, and fit testing.

Environmental cleaning and disinfection:

Make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.

Refer to [List Nexternal icon](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

Assessing Risk & Possible Restrictions for HCP

Refer to the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

Evaluate and Manage HCP with Symptoms of Respiratory Illness

Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill HCP to stay home.

As part of routine practice, ask HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection.

Remind HCP to stay home when they are ill.

If HCP develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.

Consult occupational health on decisions about further evaluation and return to work.

Screen all HCP at the beginning of their shift for fever and respiratory symptoms.

Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and leave the workplace.

HCP who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.

Restrict nonessential healthcare personnel (including consultant personnel) and volunteers for entering the building.

When transmission in the community is identified, nursing homes and assisted living facilities may face staffing shortages. Facilities should develop (or review existing) plans to mitigate staffing shortages.

When to End Transmission-Based Precautions

Refer to the [Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19](#).

Policies and Procedures for Visitors

Because of the ease of spread in a long-term care setting and the severity of illness that occurs in residents with COVID-19, facilities should immediately restrict all visitation to their facilities except certain compassionate care situations, such as end of life situations.

Send letters or emails to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end of life situations. Use of alternative methods for visitation (e.g., video conferencing) should be facilitated by the facility.

Post signs at the entrances to the facility advising that no visitors may enter the facility.

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 for fever or respiratory symptoms. Those with symptoms should not be permitted to enter the facility. Those visitors that are permitted must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Resources for Confirmed or Suspected COVID-19

[Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\)](#)

[Evaluating and Reporting Persons Under Investigation \(PUI\)](#)

Evaluate and Manage Residents with Symptoms of Respiratory Infection

Ask residents to report if they feel feverish or have symptoms of respiratory infection.

Actively monitor all residents upon admission and at least daily for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).

If positive for fever or symptoms, implement recommended IPC practices.

The health department should be notified about residents with severe respiratory infection, or a cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infections.

See [State-Based Prevention Activities](#) for contact information for the healthcare-associated infections program in each state health department.

CDC has [resources for performing respiratory infection surveillance in long-term care facilities pdf icon](#)[PDF – 246 KB] during an outbreak.

In general, when caring for residents with **undiagnosed respiratory infection** use Standard, Contact, and Droplet Precautions with eye protection **unless the suspected diagnosis requires Airborne Precautions** (e.g., tuberculosis). This includes restricting residents with respiratory infection to their rooms. If they leave the room, residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose.

Continue to assess the need for Transmission-Based Precautions as more information about the resident's suspected diagnosis becomes available.

If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community,

Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.

Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.

Facilities should notify the health department immediately and follow the [Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#), which includes detailed information regarding recommended PPE.

If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.

While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident.

Additional Measures

Cancel communal dining and all group activities, such as internal and external activities.

Remind residents to practice social distancing and perform frequent hand hygiene.

Create a plan for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units.

In addition to the actions described above, these are things facilities should do when there are cases in their community but none in their facility.

Healthcare Personnel Monitoring and Restrictions

Consider implementing universal use of facemasks for HCP while in the facility.

In addition to the actions described above, these are things facilities should do when there are cases in their facility or sustained transmission in the community.

Healthcare Personnel Monitoring and Restrictions:

Implement universal use of facemask for HCP while in the facility.

Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks.

Resident Monitoring and Restrictions:

Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.

If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).

Implement protocols for cohorting ill residents with dedicated HCP.

Reference:

Prevention, C. f. D. C. a. (2020). Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Information for Caregivers

Included in this section:

- Hartford Foundation: “Coronavirus Disease (COVID-19) Resources for Older Adults Family Caregivers and Health Care Providers (Updated 4/2) <https://www.johnahartford.org/dissemination-center/view/coronavirus-disease-covid-19-resources-for-older-adults-family-caregivers-and-health-care-providers>
- Hartford Foundation: “GIA Webinar: COVID-19 and Long-Term Care- Preparing and Supporting Families and Family Caregivers <https://www.johnahartford.org/dissemination-center/view/gia-webinar-covid-19-and-long-term-care-preparing-and-supporting-families-and-family-caregiver>
- Caregiver Action Network: “COVID-19 and Family Caregiving” <https://caregiveraction.org/covid-19>
- NIA: “Caregiving in a time of Coronavirus: A message from your Alzheimer’s Disease Research Center”

Coronavirus Disease (COVID-19) Resources for Older Adults, Family Caregivers and Health Care Providers

As we all work together to ensure the safety of the public, and in particular, older adults and other individuals who are at increased risk from COVID-19, it is important to turn to trusted sources of information.

Below are resources from our partners and grantees that they will regularly update with information for older adults, family caregivers and health care providers.

Please regularly consult the [Centers for Disease Control \(CDC\)](#) and your [state health departments](#) for specific and up-to-date information about your community.

What Older Adults and Their Family Caregivers Should Know:

Administration for Community Living (ACL)

[What do Older Adults and People with Disabilities Need to Know?](#)

[Eldercare Locator](#) (*NEW*)

Centers for Disease Control and Prevention (CDC)

[People at Risk for Serious Illness from COVID-19 - Older Adults](#)

[Resources for Home: Plan, Prepare, and Respond to Coronavirus Disease 2019](#)

AARP

[What you need to know about the Coronavirus Outbreak](#)

[Health, Coronavirus and Caregiving](#)

[COVID-19 Spanish Language Resources](#)

[Preparing Caregivers during COVID-19](#)

Alzheimer's Association

[Coronavirus \(COVID-19\): Tips for Dementia Caregivers](#)

Caregiver Action Network

[COVID-19 and Family Caregiving](#) (*NEW*)

Family Caregiver Alliance

[Coronavirus \(COVID-19\) Resources and Articles for Family Caregivers](#)

National Foundation for Infectious Diseases

[Frequently Asked Questions About Novel Coronavirus \(COVID-19\)](#)

[Common Questions and Answers About COVID-19 for Older Adults and People with Chronic Health Conditions](#)

News and Articles to Keep You Informed:

Kaiser Health News

[COVID-19 Latest News on the Coronavirus Outbreak](#)

Next Avenue (PBS' Online News Platform for Older Adults)

[The Coronavirus Outbreak: What You Need to Know](#)

Health Affairs

[COVID-19 \(Coronavirus Disease\)](#)

What Long-Term Care Providers Should Know:

Centers for Disease Control and Prevention (CDC)

[Interim Guidance for Nursing Homes](#)

LeadingAge

[Coronavirus and COVID-19 Information](#)

American Health Care Association (AHCA)

[Coronavirus](#)

The Society for Post-Acute and Long-Term Care Medicine (AMDA)

[Update on COVID-19](#)

What Health Care Professionals Should Know - *Federal Guidance:*

Centers for Disease Control and Prevention (CDC)

[Information for Healthcare Professionals](#)

[Resources for Hospitals and Healthcare Professionals Preparing for Patients with Suspected or Confirmed COVID-19](#)

[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

[Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 \(COVID-19\)](#)

[Guidance for Retirement Communities and Independent Living **\(NEW\)**](#)

Centers for Medicare and Medicaid Services (CMS)

[Current Emergencies Website \(COVID-19\)](#)

Health Resources and Services Administration (HRSA)

[Emergency Preparedness and Recovery Resources for Health Centers](#)

What Health Care Professionals Should Know - *Geriatric Care:*

American Geriatrics Society

[AGS Coronavirus Disease 2019 \(COVID-19\) Information Hub](#)

Home Centered Care Institute - for Home-Based Primary Care Providers

[COVID-19 Information Hub](#)

Geriatric Emergency Department Collaborative

[COVID-19 Links and Resources](#)

Gerontological Society of America (GSA)

[National Adult Vaccination Program COVID-19 Updates](#)

What Health Care Professionals should know - *Serious Illness Care:*

Center to Advance Palliative Care (CAPC)

[CAPC COVID-19 Response Resources](#)

[Resources to Support Serious Illness Population **\(NEW\)**](#)

National POLST

[POLST and COVID-19 \(Facility Guidance\)](#)

Respecting Choices

[Resources to have Planning Conversations in COVID-19](#)

VitalTalk

[COVID-Ready Communication Skills: A Playbook of VitalTalk Tips](#)

National Hospice and Palliative Care Organization

[Emergency Preparedness: COVID-19 Information](#) **(New)**

What Health Care Professionals Should Know - General:

American College of Physicians (ACP)

[Coronavirus Disease 2019 \(COVID-19\): Information for Internists](#)

American Hospital Association (AHA)

[Updates and Resources on Novel Coronavirus \(COVID-19\)](#)

American Pharmacists Association (APhA)

[Pharmacists' Guide to Coronavirus](#)

Better Care Playbook

[Addressing Complex Care Needs Amid COVID-19](#) **(NEW)**

University of Washington Medical Center (UW Medicine)

[COVID-19 Resource Site for Healthcare Workers](#)

The Hastings Center

[Ethical Framework for Health Care Institutions & Guidelines for Institutional Ethics Services Responding to the Coronavirus Pandemic](#) **(New)**

The Joint Commission

[Coronavirus \(COVID-19\)](#) **(NEW)**

Reference:

Foundation, J. A. H. (2020). Coronavirus Disease (COVID-19) Resources for Older Adults Family Caregivers and Health Care Providers. Retrieved from <https://www.johnahartford.org/dissemination-center/view/coronavirus-disease-covid-19-resources-for-older-adults-family-caregivers-and-health-care-providers>

COVID-19 and Family Caregiving

Caregiver Action Network, along with the [Rosalynn Carter Institute for Caregiving](#), [American Association of Caregiving Youth](#), the [ARCH National Respite Network and Resource Center](#), [Caring Across Generations](#), the [Elizabeth Dole Foundation](#), the [Family Caregiver Alliance](#), and the [National Alliance for Caregiving](#) urge government, community, and religious leaders to please remember the challenges facing family caregivers as this public health crisis continues to unfold. Understanding the role family caregivers of all ages play and the challenges they face will be key to effectively navigating this pandemic.

[Click here to read the full statement.](#)

Tips for Family Caregivers and COVID-19

At Caregiver Action Network, we're family caregivers too, so we know: Caregivers are great at planning ahead and managing unexpected health crises, but with COVID-19 you may not have time to plan, or sort through the rapidly changing and sometimes conflicting available information. These tips can help keep you and your loved ones as safe as possible.

Follow the guidance of the CDC.

The CDC has put together a number of resources to answer specific questions and address concerns you may have. They have issued recommendations to help ensure everyone's health and safety.

- Avoid large crowds. Currently, the CDC is recommending no public gatherings exceeding 10 participants.
- Avoid non-essential travel.

Find support

Do you participate in a support group? Many places, such as churches and community centers, have suspended meetings and events with outside groups. Before you go, call ahead to see if the group is still meeting as scheduled.

Refill Prescriptions

Make sure you have enough of your loved one's medical supplies and medications for an extended period.

Monitor the health of your loved one, and keep in touch with their medical team

Many health care plans and practices have their own guidelines for how and when they should

be contacted about possible COVID-19 exposure or symptoms. Call your loved one's primary care doctor and ask how they want you to proceed.

Only go to the Emergency Room for emergencies

If you suspect that you or your loved one are experiencing COVID-19 symptoms, call your doctor.

Know your own risk factors

Do you have a chronic condition? Are you immunosuppressed? Many caregivers themselves have health issues, so don't put yourself in unnecessary danger.

Be aware of any changes to visitation policies

Many hospitals and emergency rooms no longer allow visitors, including family caregivers, in treatment areas or patient rooms. In a situation where you are not allowed to be with your loved one in the hospital or emergency room, discuss a strategy with staff that will allow you to get updates on your loved one. Many skilled nursing and assisted living facilities have made changes to their visitation policies. Check to see if outside visitors are allowed before making a trip.

Call ahead before going to some medical appointments

To minimize the risk of exposure, many healthcare facilities are handling some appointments with telemedicine. Medicare and other insurance providers have expanded coverage to now include telemedicine. Call your loved one's healthcare provider in advance of the appointment to see if the appointment can be held via telemedicine.

Prepare for a possible quarantine

If your loved one has been exposed to COVID-19 or has developed symptoms and/or tested positive for the virus, you will need to manage a 14-day quarantine.

- Can your loved one stay in a specific room and away from other people in your home? They should also use a separate bathroom, if available.
- Avoid sharing personal items such as: dishes, towels, and bedding
- Clean all surfaces that are touched often. These include: counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

CAN Resources

Crisis Symptom Reporting Guide

Use this guide to prepare for a call with emergency medical services, a doctor or other medical professional.

Medication Checklist

Make sure you have an accurate, up-to-date list of your loved one's medications, both prescriptions and over-the-counter medications handy.

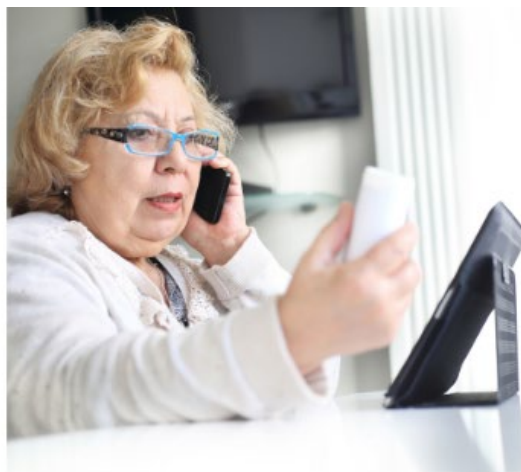
These guides will help you be clear and concise when talking with your loved one's medical team – and hopefully will help them to really hear what you are saying.

- **How to Communicate Your Loved One's Symptoms**
- **How to Talk to Your Doctor**

Patient File Checklist

One important thing you can do, is maintain an updated and comprehensive file of information about your loved one's health. This can be done in a variety of ways including, [paper and electronic solutions or some combination of both](#). [Mobile health apps](#) also help to keep you and your loved one's patient file in the palm of your hand.

"My father is in an assisted living facility and is now on lock down. At least he has a cell phone to talk to me."





"I'm a caregiver for my father, but I have a compromised immune system due to some chronic conditions. I can't risk taking him to doctor appointments, or even going to the store to get supplies. What should I do?"



Reference:

Network, C. A. (2020). COVID-19 and Family Caregiving. Retrieved from <https://caregiveraction.org/covid-19>

Caregiving in a time of Coronavirus: A message from your Alzheimer's Disease Research Center

We are addressing this to all the family members and friends who provide care for persons living with Alzheimer's disease and similar illnesses. The care you provide is always vital to the quality of life and well-being of that person. The Novel Coronavirus (i.e. COVID-19) pandemic places extra burdens on you in providing that care. We want to provide you with information you can use to strengthen the effectiveness of your caregiving and assist with your own peace of mind during this time.

Some Basic Facts. The information below represents what we currently know about COVID-19. We present these facts starkly because this is a serious situation. Having good information should help you to protect yourself and your person with dementia.

Something New. Novel Coronavirus – or COVID-19– is a new strain of a virus that attacks the respiratory system, but other organs as well. Because it is a new strain, very few people can resist it, no matter how hardy they may be. Our bodies haven't seen this strain before, so our immune systems haven't developed ways to fight it off. Also, there is, as yet, no vaccine, so no medical measures can yet be taken to protect us against it.

Serious. It is difficult at this time to have a very accurate picture, but COVID-19 appears to be a serious disease threat. The Centers for Disease Control and Prevention (CDC) include, in their range of possible futures for the illness, a prediction that more than half of the US population could be infected. The illness appears to have more serious outcomes than the flu, and death rate predictions are higher.

Risk Factors. COVID-19 requires the body's immune system to mount a response to fight it off. According to the World Health Organization, anyone who has a weak immune system is at risk not only for acquiring the illness but is vulnerable to becoming severely ill with the virus. Two factors are associated with weakened immune response: age and underlying chronic conditions. Those over 60, and especially those over 80 (even those who seem fit), are at higher risk for acquiring the illness. Also, smokers and individuals with chronic conditions like cancer, lung disease, diabetes, high blood pressure, and heart disease are at increased risk for COVID-19.



Points of Entry. The illness enters the body through the nose, eyes, or mouth and then proceeds to the lungs. This is why we are advised to avoid touching our face. It may also enter through particles in the air. This is why social distancing and avoiding crowded situations are recommended.



Alzheimer's and COVID-19. The person for whom you provide care is in a high-risk situation. Most persons living with Alzheimer's are over the age of 65 (one risk factor), and most persons over 65 have at least one, and typically more than one, chronic illness (the other risk factor).

The CDC website is an excellent source of reliable information:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Local Health Department Numbers can be found here https://www.cdc.gov/coronavirus/2019-ncov/downloads/Phone-Numbers_State-and-Local-Health-Departments.pdf

Guidance for Caregiving. We recognize that we are relatively early in this outbreak and that information and guidance is coming out in an ongoing way, so the guidance we are providing is guidance for now. It will certainly change, and we will provide updates as we learn of them. Follow these general rules to protect you, the person you care for, and your family.

General Rules – Please follow these rules even if you or your person has not been diagnosed with COVID-19 or neither of you is showing signs of it.

Self-Care. The best protection for you and those you care for is for you not to acquire the virus. Do your best to stay healthy. Take your medications as prescribed and follow your exercise and rest programs.

Handwashing and Sanitizing. If you leave the home, always wash your hands when you return and frequently during the course of the day. Cleanse hands for at least 20 seconds (sing Happy Birthday twice). Use hand sanitizer often. Use hand lotion to prevent drying and cracking of skin.



Do not Shake Hands. Avoid direct skin-to-skin physical contact. Wave; nod; bow; give the peace sign. But don't touch. Do an elbow bump, if you're both in sleeves. And fist bumps? That's skin-to-skin, too. So don't.

In Your Home. Clean surfaces in your home using the CDC's recommended solution of 4 teaspoons bleach per quart (4 cups) of water. Clean door knobs, sink handles, refrigerator and oven doors, steering wheels, and other high-use surfaces daily. Change hand and kitchen towels daily. Open windows (if possible) to increase ventilation. Do not share dishes and utensils.



Manage Underlying Chronic Conditions. Chronic conditions, such as diabetes, heart disease and COPD tax the immune system. Adhere to management regimens to prevent the condition from worsening. Ask providers to call in refill orders and see if the pharmacy can deliver – or has a drive through pickup window. Do this for the medications that both you and your care-recipient take.



Monitoring. Watch yourself and your person for symptoms (fever, cough, sore throat). Take your temperature occasionally.



Social Distancing. Remove yourself and your person from close contact with groups of people. This is admittedly very difficult, so here are some thoughts:

- If you are working outside the home, see if it is possible to work at a distance through telecommuting means (phone and videocall contact, etc.)
- Examine patterns of social interactions.
 - If you regularly attend worship services, see if your place of worship offers streamed services, or consider using the regular time of attendance as a time of home worship.
 - If you take your person shopping or to malls, reconsider. If you must, perhaps use smaller shops at off-hours, and avoid very crowded places. Call friends, family, or neighbors to see if they are going to the store and can pick up items you might need
 - Think about outings that present minimal risks: going to large parks, taking walks
- Limit going out to restaurants – or stop altogether. If you cannot stop going to restaurants, call ahead (or look online or on the restaurant’s app) to order take out and see if they can deliver curbside
- Here’s a really hard one: family visits.
 - Keep them small – one or two people at a time
 - Ask everyone who feels unwell, has come into contact with people with the virus, or has any symptoms to stay away. Ask all others to follow the same safety rules you are (wash hands).
 - No grandkid visits
- **Do not Shake Hands.** Avoid direct skin-to-skin physical contact. Wave; nod; bow; give the peace sign. But don’t touch. Do an elbow bump, if you’re both in sleeves. And fist bumps? That’s skin-to-skin, too. So don’t.



More Home Engagement Opportunities. If you have relied on outings – like those listed above – as a way to keep your person pleasantly occupied during the day, then removing them from the schedule means you have to fill in those times with other engaging tasks and activities. So, plan for that. Consider the kinds of at-home activities that seem to please and engage your person. Are there ways to repeat such activities over the course of a day? Are there similar kinds of

activities you might try (if the person enjoys helping with cooking, might s/he enjoy helping with the laundry)? Try new things out and add those to your toolbox that you see to be working well.

Pay Attention to Your Own Isolation. If following the “rules” means you are finding yourself more homebound, be sure to check to see how this is making you feel. Take some preventive steps before you begin to feel a sense of being isolated. Make arrangements with family, neighbors and friends to have regular contact. Phone and FaceTime calls can be helpful. If you do take walks with your person, invite another person along. If a friend or family member can come in to be with your person for brief periods of time, seek and accept that help, and take yourself for an outing – observing all the rules when you return (and also the advice about having help come in).

Help from Outside the Home. If you have someone coming into the home to help care for your person, then the general rules should apply to them as well. The person should adhere to hand washing rules, be urged to follow good self-care procedures, and monitor him/herself for symptoms of COVID-19. If a home health care worker comes to your home and also visits other homes, ask to review the procedures she or he has in place to prevent the spread of COVID-19 to their clients.

Medical Care. You are very likely in a position where you have to manage your person’s routine and chronic health care as well as to respond to changes in condition or react in an emergency situation. It’s important to recognize that, with COVID-19, you need to have a plan for how to handle some medical situations that might arise in the course of caregiving.



Primary care providers (nurse practitioners, physicians, physician assistants) can bill for telehealth with Medicare and Medicaid patients. So, call the office and see if they have put procedures in place for handling – through a phone call or a video call – routine visits and visits related to any concerns you may have. If they don’t, ask for advice about

- Handling routine and chronic care situations that you’d usually manage by bringing the person to the office.
- Dealing with possible COVID-19 symptoms
- Responding to emergency situations – should you call the office first? Go directly to an Emergency Department?

If you feel you have an emergency, but are not sure, and cannot get through to your primary care provider, call your local Emergency Department. Most have a nurse or physician on duty who can offer advice about the need to come in immediately or wait at home.

If you think you or your person might be showing signs of COVID-19 and think you should be tested, it’s important to call your primary care provider (or the Emergency Department or your

Health Department) first. They may be able to provide advice about whether you need to be tested immediately or if it is appropriate to wait. If you do need to be tested immediately, they may also be able to direct you to the appropriate testing location. In many areas of the country, the clinic office or Emergency Department may not be where you can get tested, and testing sites may need a provider's referral before they will test you.

If you and/or your person are participating in a research study, call your research coordinator for current information. Some studies have been put on hold; others may have moved to enable contact at a distance (e.g., by phone).

If Your Person is Living in an Assisted Living or Skilled Nursing Facility:

It is increasingly likely that visitors, even close family, will not be permitted to visit relatives in such facilities.

See if the facility can help you to make contact by a distance. Can they help put a phone call through? If the facility has WiFi and if you have an extra phone or tablet computer (iPad), will they help the person to use it when you call so the person can see your face.

The staff will continue to provide care and comfort, but you will not be able to have in-person time with the person that may be important to you. If you are alone and feeling this as yet another loss, take action. Try to go out for a walk, call family and friends, listen to your favorite music, look at scrapbooks or read a good book. If you belong to a church or synagogue, call and ask to be put on a prayer list. Many religious staff are working from home and can respond to your messages. Have family and friends mail cards and letters to them.

Reference:

Lindauer, A., & Hepburn, K. (2020). Caregiving in a time of Coronavirus: A message from your Alzheimer's Disease Research Center. Retrieved from National Institute on Aging: Alzheimer's Disease Center

Information about Dementia

Included in this section:

- **Alzheimer’s Association: “Coronavirus (COVID-19): Tips for Dementia Caregivers** [https://www.alz.org/help-support/caregiving/coronavirus-\(covid-19\)-tips-for-dementia-care](https://www.alz.org/help-support/caregiving/coronavirus-(covid-19)-tips-for-dementia-care)
- **Alzheimer’s Association: “Emergency Tips: Caring for Persons Living with Dementia in a Long-Term or Community-Based Care Setting”**: https://alz.org/media/Documents/COVID-19-EmergencyTips_LongTermCommunityBasedDementiaCare_AlzheimersAssociation.pdf
- **Bright Focus: “COVID-19 and Alzheimer’s Disease”** <https://www.brightfocus.org/alzheimers-disease/article/covid-19-and-alzheimers-disease>
- **Alzheimer’s News Today: “Information About COVID-19 for Alzheimer’s Disease Patients”** <https://alzheimersnewstoday.com/information-about-covid-19-for-alzheimers-disease-patients/>
- **Alzheimer’s Society: “Coronavirus: Information for People Affected by Dementia”** <https://www.alzheimers.org.uk/get-support/coronavirus-covid-19>

Coronavirus (COVID-19): Tips for Dementia Caregivers

Most likely, dementia does not increase risk for COVID-19, the respiratory illness caused by the new coronavirus, just like dementia does not increase risk for flu. However, dementia-related behaviors, increased age and common health conditions that often accompany dementia may increase risk.

For example, people with Alzheimer's disease and all other dementia may forget to wash their hands or take other recommended precautions to prevent illness. In addition, diseases like COVID-19 and the flu may worsen cognitive impairment due to dementia.

[Tips for dementia caregivers at home](#)

[Staying healthy](#)

[Tips for caregivers of individuals in assisted living](#)

[Tips for dementia caregivers at home](#)

Caregivers of individuals living with Alzheimer's and all other dementia should follow guidelines from the [Centers for Disease Control \(CDC\)](#), and consider the following tips:

For people living with dementia, increased confusion is often the first symptom of any illness. If a person living with dementia shows rapidly increased confusion, contact your health care provider for advice. Unless the person is having difficulty breathing or a very high fever, it is recommended that you call your health care provider instead of going directly to an emergency room. Your doctor may be able to treat the person without a visit to the hospital.

People living with dementia may need extra and/or written reminders and support to remember important hygienic practices from one day to the next.

Consider placing signs in the bathroom and elsewhere to remind people with dementia to wash their hands with soap for 20 seconds.

Demonstrate thorough hand-washing.

Alcohol-based hand sanitizer with at least 60% alcohol can be a quick alternative to hand-washing if the person with dementia cannot get to a sink or wash his/her hands easily.

Ask your pharmacist or doctor about filling prescriptions for a greater number of days to reduce trips to the pharmacy.

Think ahead and make alternative plans for the person with dementia should adult day care, respite, etc. be modified or cancelled in response to COVID-19.

Think ahead and make alternative plans for care management if the primary caregiver should become sick.

[Coronavirus \(COVID-19\): Tips for dementia care professionals](#)

Get guidance for providing Alzheimer's and dementia care in long-term and community-based care settings during a major disease outbreak or disaster.

[Learn More](#)

Tips for caregivers of individuals in assisted living

The CDC has provided guidance on [infection control and prevention of COVID-19 in nursing homes](#). This guidance is for the health and safety of individuals living in long-term or community-based care settings. Precautions may vary based on local situations.

Check with the care setting regarding their procedures for managing COVID-19 risk. Ensure they have your emergency contact information and the information of another family member or friend as a backup.

Do not visit your family member if you have any signs or symptoms of illness.

Depending on the situation in your local area, care settings may limit or not allow visitors. This is to protect the residents but it can be difficult if you are unable to see your family member.

If visitation is not allowed, ask the care setting how you can have contact with your family member. Options include telephone calls, video chats or even emails to check in.

If your family member is unable to engage in calls or video chats, ask the care setting how you can keep in touch with facility staff in order to get updates.

Staying healthy

Pay attention to flu or pneumonia-like symptoms in yourself and others and report them to a medical professional immediately.

Follow current [guidance and instruction from the CDC](#) regarding COVID-19. Tips to keep yourself and your loved ones healthy include:

Avoid close contact with people who are sick.

Avoid touching your eyes, nose and mouth.

Stay home when you are sick; work from home.

If you or the person you are caring for have regular doctor's appointments to manage dementia or other health conditions, call your health care provider to inquire about a telehealth appointment. As a result of the COVID-19 pandemic, Medicare has recently expanded telehealth benefits to allow seniors to access health care from the safety of their homes.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing or sneezing.

If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

Always wash hands with soap and water if your hands are visibly dirty.

Reference:

Association, A. (2020). Coronavirus (COVID-19): Tips for Dementia Caregivers. Retrieved from: [https://www.alz.org/help-support/caregiving/coronavirus-\(covid-19\)-tips-for-dementia-care](https://www.alz.org/help-support/caregiving/coronavirus-(covid-19)-tips-for-dementia-care)

Emergency Preparedness: Caring for persons living with dementia in a long-term or community-based care setting

Emergency situations, such as the current COVID-19 pandemic, present special circumstances in the delivery of care in long-term and community-based care settings. People receiving care or utilizing services in these settings are particularly vulnerable to complications due to their age and other concurrent medical conditions. Employees can also be affected in emergency situations. Maintaining operations in long-term and community-based care settings with the expected staffing shortages during any pandemic, epidemic or disaster can be very challenging. During this time, non-clinical staff may be needed to assist with care.

As indicated in the Alzheimer's Association 2020 Alzheimer's Disease Facts & Figures, more than 5 million Americans age 65 and older are living with Alzheimer's dementia in 2020. People with Alzheimer's or other dementia make up a large proportion of all elderly people who receive long-term and community-based care.

Overall, 48% of nursing home residents are living with Alzheimer's or other dementias. Among older adults in residential care settings, including assisted living, 42% or more have some form of Alzheimer's or other dementias. Many individuals with Alzheimer's or other dementias receive community-based services: 32% of individuals use home health services and 31% use adult day services.

Dementia is characterized by a group of symptoms that include a decline in cognitive abilities, loss of memory, poor judgment, changes in personality, disorientation and problems with abstract thinking.

Alzheimer's disease is the most common cause of dementia, accounting for 60% to 80% of all cases. As the disease progresses, people living with dementia will need additional assistance to complete activities of daily living. Due to their decreased cognitive ability, they may require additional assistance and consideration during the implementation of an emergency plan.

PREVENTING ILLNESS

Persons living with dementia may have an impaired ability to follow or remember instructions, and may need reminders regarding:

- Hand-washing and moisturizing - consider a supervised hand-washing schedule.
- Covering nose and mouth during a sneeze or cough.
- Refraining from placing things in the mouth.
- Staying in a particular area.

- Taking medications appropriately.
- Adopting social distancing practices and refraining from sharing items.
- Following any other procedures that would require memory and judgment.

Tips for supporting persons living with dementia in long-term and

community-based care settings. People living with dementia may become more confused, frustrated or even display an increase in dementia-related behaviors during a crisis. Individuals are often less able to adapt to changes in their environment, and may react to others' stress. It is recommended to try to minimize any changes in routine, environment and daily structure for individuals with dementia.

Below are some suggestions to meet the needs of persons living with dementia during a major disease outbreak or disaster:

PROVIDE PERSON-CENTERED CARE

As stated in the Alzheimer's Association Dementia Care Practice Recommendations, one of the most important steps in providing quality dementia care is to know the person. In the event of a major disease outbreak or disaster, this may be more difficult for temporary staff members or those working in a new department or other health care setting.

A nurse, or social worker or staff under the supervision of licensed clinicians should complete a personal information form, or use an existing one, and place it a visible location consistent with HIPAA guidelines. For example, documents can be placed inside a closet door or in a folder attached to the back of a door. This will allow all staff, including temporary or substitute staff members to quickly identify essential information about the person to help maintain a stable and comforting environment.

Information on the form can include:

- Individual's preferred name (and pronouns).
- Cultural background.
- Names of family and friends.
- Past hobbies and interests.
- Sleep habits.
- What upsets the person.
- What calms him or her down.

- Typical patterns of behavior.
- Normal daily structure and routines.
- Eating and drinking patterns and abilities.
- Religious or spiritual practices.
- Remaining abilities, motor skills, verbal processing and communication abilities and methods.

Sharing information about a person with the care team is very important in terms of providing quality, consistent and effective care. Given the care team may change frequently during a pandemic or disaster, briefing meetings at the start of the shift will allow the staff to share pertinent information about those receiving care.

Advance planning

Planning for the future is an important part of person-centered care. Advance planning is important to ensure an individual's wishes regarding treatment and care options are fulfilled.

- Be aware of a person's advance directives and ensure they follow the person if a transfer is necessary.
- Ensuring individuals' advance directives, Provider Orders for Life-Sustaining Treatment (POLST), and other documents are all up to date with current documented wishes, and physician orders are consistent with these wishes.

HELP KEEP FAMILIES AND FRIENDS CONNECTED

People living with dementia may need help communicating with their families and loved ones during a crisis. For example, for persons with dementia living in a residential care setting, families might schedule a telephone or video call to keep connected and/or send notes for the person to read along with photos. Providers should consider developing a "What You Should Know" fact sheet to explain what families and friends and staff need to know in the event of an emergency. It should include information on how families can receive updates or talk to a care provider about the person living with dementia. It is also important to note what adaptive devices are necessary and available for the individual, e.g., hearing aids and eyeglasses. Remember that each family is unique, and for some people their closest supporters may not be biological or legal family members, but friends or community members.

ASSIST WITH EATING AND DRINKING

Persons living with dementia may need assistance with eating and drinking. This may include use of verbal, visual or tactile cues, such as high contrast dinnerware, adaptive utensils, graded approaches and modeling behavior. It is especially important for people with dementia to maintain their strength when there is risk of contracting a virus. Staff should familiarize themselves with the person's eating and drinking patterns and abilities. They may need to be reminded or prompted to drink and eat as they might not be able to recognize hunger or thirst. Sitting and talking with the person with dementia during meal times may improve intake.

Any evidence of difficulty in swallowing should be assessed by appropriately licensed clinical staff. Licensed or trained personnel should assist and monitor all persons with dementia who have been identified as having a choking risk or a history of swallowing difficulties.

MONITOR WALKING/UNSAFE WANDERING

Walking is a purposeful motor activity that promotes mobility and strength building. Unsafe wandering occurs when a person living with dementia gets lost, intrudes into inappropriate places or leaves a safe environment. The risk for unsafe wandering may increase when the person becomes upset, agitated or faces stressful situations. Possible interventions include:

- Provide persons with dementia safe spaces to walk about.
- Secure the perimeter of areas, if possible.
- Ensure that persons with dementia get regular exercise.
- Provide structured activities throughout the day.
- Spending time outdoors in a safe environment.

OBSERVE AND RESPOND TO DEMENTIA-RELATED BEHAVIORS

Behavior is a form of nonverbal communication for the person living with dementia. Dementia-related behaviors may be an option or response for a person living with dementia to communicate a feeling, unmet need or intention. These behaviors are triggered by the interaction between the individual and his or her social and physical environment. A response may include striking out, screaming, or becoming very agitated or emotional. The care provider's role is to observe and attempt to understand what the person living with dementia is trying to communicate.

It is useful to attempt to identify the root cause of the behavior. Potential causes of dementia-related behaviors are as follows:

- Pain.

- Hunger.
- Fear.
- Depression.
- Frustration.
- Loneliness, helplessness, boredom.
- Hallucinations.
- Overstimulation.
- Changes in environment or routine.
- Difficulty understanding or misinterpreting the environment.
- Difficulty expressing thoughts or feelings.
- Unfamiliarity with personal protective equipment or clothing, such as gowns or masks.

Strategies to observe and respond to dementia-related behaviors include:

- Rule out pain, thirst, hunger or the need to use the bathroom as a source of agitation.
- Speak in a calm low-pitched voice.
- Try to reduce excess stimulation.
- Ask others what works for them.
- Validate the individual's emotions, e.g., focus on the feelings, not necessarily the content of what the person is saying. Sometimes the emotions are more important than what is said. Look for the feelings behind the words. Affirming the person's feelings may help calm them.
- Understand that the individual may be expressing thoughts and feelings from their own reality, which may differ from generally acknowledged reality. They may be reacting to an event from their past. Offering reassurance and understanding, without challenging their words, can be effective.
- Through behavioral observation and attempted interventions, try to determine what helps meet the person's needs and include the information in the individualized plan of care.
- Be aware of past traumas (veterans, abuse survivors, survivors of large scale natural and human-caused disasters)
- Never physically force the person to do something.

Additional strategies and interventions may include:

- Offering a favorite food.
- Sharing photographs of family and friends.
- Listening to familiar music.
- Using an evidence-based therapy, such as aroma, bright light, validation, reminiscence, music or pet.
- Looking through books or magazines.
- Exercising or taking a walk.
- Providing purposeful tasks to be helpful.
- Connecting with family and friends using applications like Skype, FaceTime or other technology.
- Using technology applications to deliver individual and small group activities.
- Using relaxation techniques, such as deep breathing.
- Supporting their spiritual needs.
- Providing a warm blanket or placing a cool cloth on their neck or forehead.
- Talking to particular staff or a special person.
- Moving the person to a quiet area; consider having rocking chairs available.

If non-pharmacological practices are not effective after they have been used consistently, then medications may be appropriate when individuals living with dementia have severe symptoms or have the potential to harm themselves or others. Continued need for pharmacological treatment should be reassessed as required by the medication regimen or upon a change in the person's condition.

It can be difficult to anticipate and respond to dementia-related behaviors in a changing environment; however, applying some of the following strategies may help:

- Provide a consistent routine.
- Use person-centered care approaches for all individuals living with dementia during activities of daily living — every interaction or task is an opportunity for engagement.
- Promote sharing of person-centered information across the care team.

- Encourage all staff to treat individuals living with dementia with dignity and respect.
- Put the person before the task.

Crises can be challenging, especially for individuals living with dementia. With some careful planning and attention to the unique needs of those receiving care, professionals may feel more empowered to respond quickly and appropriately to support individuals living with dementia.

ALZHEIMER'S ASSOCIATION RESOURCES

24/7 Helpline (800.272.3900)

The Alzheimer's Association 24/7 Helpline partners with our chapter network across the United States to provide around-the-clock support and information to people with Alzheimer's and other dementias, family members, caregivers, health care professionals and the general public.

The Alzheimer's Association website offers a wealth of resources and information for people living with the disease, caregivers and health care professionals.

For additional information, contact:

Beth Kallmyer

Vice President, Care and Support

bkallmyer@alz.org

Doug Pace

Director, Mission Partnerships

dpace@alz.org

CDC COVID-19 RESOURCES:

GUIDANCE FOR RETIREMENT COMMUNITIES AND INDEPENDENT LIVING

- Guidance for Retirement Communities and Independent Living:

<https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/index.html>

- Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities

(Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/guidanceretirement-response.html>

- Coronavirus disease 2019 (COVID-19) Checklist: Older Persons:

<https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/checklist.html>

Note: This document is designed as a reference to support all staff, including non-licensed staff and lay people who may become involved in direct care during a major disease outbreak or disaster. These are suggestions for quality care. It may be unrealistic to expect all items to be carried out in an emergency or disaster situation.

This document is not a substitute for evidence-based training on how to care for persons living with dementia in long-term and community-based care settings

References:

Association, A. (2020). Emergency Preparedness: Caring for persons living with dementia in a long-term or community-based care setting. Retrieved from: https://alz.org/media/Documents/COVID-19-EmergencyTips_LongTermCommunityBasedDementiaCare_AlzheimersAssociation.pdf

COVID-19 and Alzheimer's Disease

Protecting the Vulnerable

James M. Ellison, MD, MPH

Swank Memory Care Center, Christiana Care Health System

Learn some tips to protect those with Alzheimer's and related dementia from the coronavirus.

Renee phoned the Memory Clinic to find out whether she could postpone her mother's visit. "What with the coronavirus going around, I don't want to bring her to a hospital where she might be exposed to infected people. But I need some advice about how to help her during this time. What do you advise?"*

**Renee and her mother are fictitious composites rather than individuals, to protect the privacy of our patients.*

In the Midst of a Pandemic

At the time of this writing, we are in the midst of a coronavirus disease 2019 (COVID-19) pandemic. Our health care providers and our leaders are reminding us that the best way to survive this wave of infection is to avoid catching it in the first place. The most promising way to slow the spread of the virus is to protect others from infection. Business can no longer be "business as usual" for now. We must all pay greater attention to personal hygiene and social distancing.

Renee's concern was very appropriate because visits to health care settings currently present an opportunity for infection that should be avoidable in many cases. Clinicians and patients are getting a crash course in how to conduct visits via telehealth.

Protecting Older Adults from COVID-19

As we endeavor to protect our population, we have to pay special attention to the safety of our older adults with Alzheimer's disease (AD) and related dementias. Dementia is not in itself a cause of infection, but it increases the risk of getting infected, for spreading infection, and for having a more serious disease outcome.

Cognitive Impairment Increases Risk of COVID-19

Cognitive impairment gets in the way of self-protection because a vulnerable person may not understand the risk of disease or remember to be as careful as necessary. This makes a person with dementia an easier target for coronavirus infection.

Hand hygiene, which even people with good memories often forget, is a real problem for anyone with significant memory impairment. Covering coughs, too, requires vigilance and executive function.

Social distancing is tough to keep in mind for an older person who was looking forward to a loving hug from a visiting relative.

Symptom awareness is another hazard to keep in mind. Someone whose self-awareness is diminished may not recognize the presence of a cough or nausea or might forget to mention an episode of coughing or even vomiting to a care provider. We need to be particularly aware of this when caring for older adults in long term care institutions where they may be in close proximity to others who are symptomatic or asymptomatic carriers. A frustrating feature of COVID-19 infection for all of us is that infected people can spread the virus for days before developing symptoms.

Once infected, these same dementia-related cognitive limitations can contribute to disease spread. It was not surprising to learn that one of the initial infection clusters in the United States developed in a nursing home. Long-term care facilities are much like cruise ships, another potential locus for infection spread, in that residents are in close contact and, therefore, at greater risk.

Older Adults are More Vulnerable to Severe Illness

Once infected, older adults with dementia are, unfortunately, likely to develop a more severe and dangerous illness. Although most COVID-19 infections are not lethal, and many are mild, we do not yet have accurate estimates of the mortality rate associated with this disease. The COVID-19 death rate is likely to be more than a hundred times the rate associated with flu. We do know already that older age and medical illnesses such as heart or lung disease or diabetes increase the risk for COVID-19 severity and death, which often follows severe effects on the lungs.¹ The diseases which make an older adult more vulnerable to coronavirus are frequent age-associated chronic conditions present in many of our older community-dwelling adults and probably in the majority of our institutionalized older adults.

Furthermore, as we age, our immune systems may be less able to fight off infection. In one recent report, 80 percent of all United States COVID-19 deaths were among adults 65 years or older, and the rate of severe outcomes was highest among those 85 years and older.¹

Tips for Protecting People with Dementia from COVID-19

In light of these concerns, what can we do to protect our elders and especially those with dementia? Let's work, first, to minimizing virus exposure.

A person with dementia, at this risky time, should not be exposed unnecessarily to gatherings, public transportation, or unnecessary visitors who may be infected even if they are not showing symptoms. Many older adults with dementia are cared for in their own homes or in the homes of family members, and their caregivers will need to be extra careful about their own health and safety.

That means proper handwashing hygiene, covering coughs, self-quarantining if appropriate, and disinfecting surfaces on which the virus may be living (as it is capable of doing for a week in some cases).

Written reminders in the bathroom and elsewhere may help to remind people with cognitive impairment to wash their hands with soap and water. Alcohol-based hand sanitizers can provide a convenient and quicker alternative, though it may be less effective.

For those who reside in long-term care settings, staff education and intervention will help to avoid unnecessary exposure from visitors and gatherings, to keep surfaces disinfected, to note the emergence of possible symptoms, and to isolate those with suggestive symptoms.

Now is a good time for those who attend day programs to stay home, to stockpile an extra month or two of necessary medications in preparation for possible shortages or health care provider unavailability, and to attend health care appointments via telehealth rather than in person when possible.

Summary

Our current pandemic crisis will leave its shadow over our society and economy for a long time.

We have a duty to protect the most vulnerable among us, a group that includes older adults with cognitive impairment. Preventing infection must be paramount in our minds, particularly for those at greater risk.

Renee's mother's visit was successfully conducted via a secure and HIPAA-compliant telehealth system, and Renee received advice regarding disease prevention and infection warning signs in case her mother should develop symptoms at a later date. The benefit of medical care was not sacrificed, and safety was protected.

Resources:

[Alzheimer's Disease Toolkit](#) (Helpful Information to Understand and Manage Alzheimer's Disease)

[Expert Information on Alzheimer's Disease](#) (Articles)

Citation and Recommended Reading:

1. CDC. Coronavirus Disease 2019 (COVID-19). Situation Summary <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html> accessed 03/23/20

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Ellison, J. (2020). COVID-19 and Alzheimer’s Disease. Retrieved from:
<https://www.brightfocus.org/alzheimers-disease/article/covid-19-and-alzheimers-disease>

Information About COVID-19 for Alzheimer’s Disease Patients

Editor’s Note: This page is updated weekly with new information related to COVID-19 testing and potential treatments in development. Click the arrow next to the date to expand the text.

What is COVID-19?

[COVID-19](#), short for coronavirus disease 2019, is an infection caused by [severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\)](#). SARS-CoV-2 is a newly identified pathogen that has not

previously been seen in humans and is highly contagious. Though it belongs to the same category of viruses as [SARS coronavirus \(SARS-CoV\)](#) and [influenza viruses](#), SARS-CoV-2 is a different strain with its own characteristics.

COVID-19 was [first reported](#) in Wuhan, China, in December 2019, and the outbreak has spread quickly across the world, prompting the [World Health Organization \(WHO\)](#) to [declare](#) COVID-19 a [pandemic](#).

How does COVID-19 spread?

Because COVID-19 is a new virus, [nobody has prior immunity](#) to it, meaning the entire human population is prone to infection.

It primarily spreads via respiratory droplets when people cough or sneeze. Scientists have yet to understand how easily and sustainably the disease can spread among people. Based on available evidence, researchers [do not think airborne spread is a major transmission route](#).

Individuals over age 60 are at the highest risk of developing a severe case of COVID-19, while children [do not seem to be at a higher risk](#) than adults.

There are currently [no reports](#) about how susceptible pregnant women may be to COVID-19 or about transmission of the virus through breast milk.

What are the symptoms of COVID-19?

[Common symptoms of COVID-19](#) begin two to 14 days after exposure. They include fever, tiredness, and dry cough. Other symptoms include sputum production, shortness of breath, sore throat, headache, [myalgia](#) (muscle pain) or [arthralgia](#) (joint pain), chills, vomiting, and nasal congestion. Less frequent symptoms include diarrhea, [hemoptysis](#) (coughing up blood from the respiratory tract), and [conjunctival congestion](#).

Most of these symptoms [are usually mild](#), and about 80% of people who get the virus will typically recover without needing any special treatment. However, about 1 in 6 patients become seriously ill and develop breathing difficulties.

What general preventive measures should people take?

The following simple [preventive measures](#) can help minimize the spread of COVID-19:

Wash your hands often with soap, lathering both the front and the back of the hands and fingers for at least 15 to 20 seconds. If soap is not available, use a hand sanitizer that contains at least 60% alcohol. The [European Centre for Disease Prevention and Control](#) produced a [poster](#) detailing effective handwashing.

Avoid close contact with someone who is ill. (Maintain a distance of at least 6 feet, or 1.8 meters).

Stay at home if you are sick.

Use a tissue to cover your mouth and nose if you cough or sneeze and dispose of it properly afterward.

Disinfect surfaces and objects you touch frequently.

Avoid touching your eyes, nose, and mouth with unwashed hands.

The [U.S. Centers for Disease Control \(CDC\) does not recommend](#) that healthy people wear a face mask.

Is there any specific advice for Alzheimer's disease patients and their caregivers?

[Alzheimer's disease does not increase the risk of a COVID-19 infection](#), but increased age and associated health conditions such as dementia may pose a risk. Those who show symptoms of dementia may forget to wash their hands or take other necessary precautions. In these cases, family members and caregivers can help by offering additional reminders or written notes and signs.

If they show symptoms of COVID-19, family members and caregivers [should avoid](#) visiting patients in nursing homes or other places until their self-isolation period is complete.

What should sick individuals do?

If symptoms are present and a COVID-19 diagnosis is confirmed, patients should [follow these steps](#) to prevent the spread of the infection:

Stay at home, preferably in a separate room not shared with others, and isolate themselves, with the exception of getting medical care.

Avoid public areas and public transport.

Limit contact with pets and animals.

Avoid sharing personal items.

Cover coughs and sneezes with tissues and dispose of them properly.

Sanitize hands regularly.

Disinfect surfaces such as phones, keyboards, toilets, and tables.

People should call ahead before visiting the hospital for an appointment. This way, the hospital can take necessary steps to prevent the spread of the infection.

Patients who have confirmed COVID-19 [should wear](#) face masks when going out. The WHO's website has a resource explaining the [proper use of a face mask](#).

What tests are available?

Many tests for the detection of COVID-19 have been made available under the FDA's emergency use authorization, including rapid tests that are being developed to detect the presence of the virus within minutes.

[The Foundation for Innovative New Diagnostics](#) provides an up-to-date [list of different manual and automated tests](#) that are available or currently in development.

Is there a treatment?

There are currently [no vaccines](#) available for human coronaviruses including COVID-19. This makes the prevention and containment of the virus very important.

[Oxygen therapy](#) is the [major treatment intervention](#) for patients with severe disease. [Mechanical ventilation](#) may be necessary in cases of respiratory failure.

Are there new treatments in the pipeline?

Several clinical trials have been launched or are being planned to test a variety of potential treatments and vaccines for COVID-19. A complete list of all ongoing clinical trials pertaining to the virus is available [here](#).

[Alzheimer's News Today](#) is strictly a news and information website about the disease. It does not provide medical advice, diagnosis, or treatment. This content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read on this website.

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Coronavirus: Information for people affected by dementia

Living with dementia at any time brings everyday challenges for the person and those around them. Coronavirus is making daily life much harder. You may feel anxious, scared or lonely. But you are not alone – help is available.

[Coronavirus: Supporting a person with dementia at home](#)

[Coronavirus: Activity ideas for people living with dementia](#)

[Coronavirus: Support for a person with dementia living alone](#)

[Coronavirus: Supporting a person with dementia from a distance](#)

[Coronavirus: Frequently asked questions \(FAQs\)](#)

[Coronavirus: Other useful organisations and information](#)

During the coronavirus pandemic we have advice and practical tips for people living with dementia and those supporting them – either in the same household or from a distance.

We will update this information regularly, including details about [how Alzheimer’s Society can help](#). This will provide support to help you get through this difficult time, so do come back to see what’s available.

About coronavirus

Coronavirus causes a new illness ([COVID-19](#)) that can affect your lungs and airways.

Symptoms in most people will be mild – a high temperature and persistent cough. Some people will also have difficulty with breathing (shortness of breath).

A few people with COVID-19 will get severe symptoms and need medical attention. Older people and those with a long-term health condition (for example, neurological conditions, lung disease, heart failure, diabetes) or weakened immune system (for example, because of HIV or chemotherapy) are more likely to get worse symptoms. These are people who are offered the regular flu jab every year in the autumn.

The higher-risk groups for severe coronavirus illness include everyone with dementia, and many older family carers.

Advice for everyone

We must all do we can to fight coronavirus. It’s spread easily between people and not everyone with coronavirus infection has obvious symptoms.

To stop us catching or spreading the virus, the law now says that **everyone must stay at home**.

The **only** reasons to leave your home now are:

shopping for basic necessities – such as food and medicine

one form of exercise (a run, walk, or cycle each day) – alone or with members of your household

a medical need, to provide care or help a vulnerable person

travelling to and from work – where this absolutely cannot be done from home.

These rules apply to everyone in the UK. Many people with dementia and those living with them have already been staying in. This is because people with dementia and older people in general are at higher risk of severe illness if they catch coronavirus.

Last updated 31 March

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