

Coronavirus / COVID-19 Preparedness and Response Plan

Updated 05/20/2020

The coronavirus / COVID-19 situation is rapidly changing.

This policy has been developed following local, state, and Federal guidelines. The intent is to provide best practices for Senior Services of America communities during a COVID-19 response.

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Introduction

The purpose of this policy and guide is to provide the best practices in our long term care communities. The information contained in this guide has been developed by utilizing policies and procedures as directed by local, state, and federal agencies. Due to the ever changing environment, communities should monitor changes of procedure on a routine basis during a COVID-19 outbreak.

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. COVID-19 is a disease caused by a new coronavirus, which has not been previously identified in humans. Coronaviruses are a large family of viruses found in both animals and humans.

Symptoms of COVID-19

For confirmed coronavirus disease 2019 (COVID-19) cases, reported illnesses have ranged from mild symptoms to severe illness and death. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19: (The official list of symptoms continues to change, please monitor changes through the CDC website).

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Transmission

There is still more to be learned, but according to the CDC, the virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet)
- Via respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Prevent Introduction of the Virus

Our senior living communities serve a population that is generally more vulnerable to infection and serious related symptoms. We encourage everyone to remain calm but take the time to prepare your community now. Our first goal is to prevent introduction of the virus to our communities. The CDC and local health departments have recommendations we are following regarding:

1. Respiratory etiquette
2. Hand hygiene
3. Limiting visitors
4. Screening staff and visitors
5. Manage move ins / returning residents
6. Restricting activities and dining services
7. Environmental cleaning
8. Use of personal protective equipment

Be Prepared

Take these steps to prepare your community now.

1. Monitor your state and local health departments for additional information and recommendations.
2. Prepare your employees – We want our staff to be informed and prepared. Your review should include:
 - Infection control policies including hand hygiene, cough etiquette
 - Personal protective equipment
 - Staying home when sick [CDC](#) and the [WHO](#)
 - Focus on facts from verified resources, such as the [CDC](#) and the [WHO](#)
3. Gather supplies – You will want to have supplies on hand in the event your community is directly impacted by the outbreak, including:
 - Personal protective equipment (gloves, masks, gowns, eye protection)
 - Hand hygiene supplies
 - Disinfecting supplies (bleach, etc.)
 - Apartment meal delivery supplies (Styrofoam, paper, plastic, cups, utensils)
4. Review infection control protocols, with a focus on hand hygiene, droplet/respiratory precautions, and personal protective equipment.
5. Develop a communication plan – Give clear and direct communication to your staff, residents, and families. Communities will need to develop a system to notify families and residents of changes or information as it comes. Communities will direct all media inquiries to the Home office, specifically the CEO or director of operations

Encourage Good Respiratory Etiquette

All persons in the community, including staff, resident and visitors are to be reminded and instructed to practice good respiratory etiquette.

1. Cover your mouth and nose with a flexed elbow or tissue when coughing and sneezing. Throw away the used tissue immediately and wash your hands with soap and water or use an alcohol-based hand rub.
2. Maintain social distance – If possible, keep a distance of 6 feet between yourself and someone who is coughing, sneezing or has a fever.
3. Avoid touching your eyes, nose and mouth – Hands touch many surfaces which can be contaminated with the virus. If you touch your eyes, nose or mouth with your unclean hands, you can transfer the virus from the surface to yourself.

Hand Hygiene

All persons in the community, including staff, resident and visitors are to be reminded and instructed to practice good hand hygiene.

1. This can be done with an alcohol-based hand sanitizer with at least 60% alcohol or by washing hands with soap and water for at least 20 seconds.
2. Especially after going to the bathroom; before eating; before and after all resident care; and after blowing your nose, coughing, or sneezing.
3. Always wash hands with soap and water if hands are visibly dirty.

Visitors

1. Follow your state and local health department guidelines regarding visitors.
2. Restrict visitation of all visitors and non-essential personnel as allowed by local, state, or federal law.
 - a. Necessary medical personnel will be allowed in the community (home health, hospice, etc.) if their services are deemed essential for resident well-being.
 - b. Families should be allowed to visit for certain compassionate care situations, such as an end-of-life situation.
3. All persons entering the community must be screened for signs and symptoms or possible exposure to COVID-19. Use the visitor screening form.
4. If someone is making an essential visit, they should:
 - a. Wear a mask while in the community, and use all other PPE as needed in accordance with CDC guidelines.
 - b. Limit their visit to the resident's apartment only.
 - c. Not have contact with other residents.
 - d. Limit contact with staff members.
 - e. They should not spend time in common areas and always practice social distancing.
 - f. Limit the number of visitors to avoid overcrowding the apartment.
5. Use technology to help family members communicate with residents. This can include telephone, video conferences, or mobile devices (e.g., Facetime).

6. Post appropriate signage informing people of your visitation policy and reminding them not to visit if they have symptoms of respiratory illness.
7. Ensure hand sanitizer is readily available at entrances.
8. Deliveries from pharmacy and suppliers should be occur in one gathering place that limits the delivery person from having access to the community.
9. Talk to home health, hospice and other outside agencies to ensure your infection control efforts are being coordinated.
10. Marketing tours should be discontinued or severely limited in accordance with company policies. Utilize alternative methods to provide marketing or sales information (e.g., video conferencing).

Screening of Residents, Staff, and Visitors

1. All persons entering the community should be screened for signs and symptoms or possible exposure to COVID-19. A recommended screening form is provided on the following page.
2. Existing residents should be monitored/screened for signs and symptoms at least once per day. This currently includes, temperature, respirations, and Oxygen stats
3. Screening should include taking the temperature of each person as they arrive at the community.
 - a. Temperatures should be taken using a reliable touch less thermometer. If one is not available and an ear or other thermometer must be used, use an appropriate probe cover and disinfect according to manufacturer instructions. Avoid using an oral thermometer.
 - b. Dedicated staff should be trained in taking temperatures for visitors and ensure maintenance of visitor logs and screening forms.
4. All visitors should be screened each day they are in the community.
5. Screening of staff should be at the start of every shift and when they end their shift
 - a. Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home. (ContactHR/Payroll for specific policies on sick leave.
 - b. As part of routine practice, ask staff to regularly monitor themselves for fever and symptoms of respiratory infection.
 - c. Remind staff to stay home when they are ill.
 - d. If staff develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.

- e. Consult with your clinical and HR teams on decisions about further evaluation and return to work.

COVID-19 Screening

Community	Name	Date	Shift

For the safety and wellbeing of our residents, if the answer to any of the following are yes, please speak with the Executive Director or supervisor. Thank you.

	YES	NO
Do you have a cough or shortness of breath?		
Do you have two or more of the following symptoms of COVID-19? Fever Chills New loss of taste or smell Muscle pain Sore throat Repeated shaking with chills Headache		
Do you have a fever? Current body temperature as measured by community personnel: _____		
Have you been on a cruise, traveled internationally, or traveled domestically to an area with travel restrictions in the last 14 days?		
Have you been exposed to anyone with COVID-19 within the last 14 days?		
Staff and healthcare personnel: Have you been exposed to active cases of COVID-19 in another community/facility in the last 14 days?		
Are you under investigation for COVID-19?		

Move-Ins / Returning Residents

Continue to follow all state and local health department guidelines.

Communities should consider the following when evaluating move-ins:

1. Guidance from state/local health departments and state licensing agencies.
2. Level of community transmission/cases of COVID-19 in the area around your senior living Community.
3. Cases or symptoms present in other residents or staff in your senior living Community.
4. The need and ability to quarantine new move-ins for 14 days.
5. Whether the move-in is a new resident or an existing resident returning from a temporary stay at a health facility.
6. The need to support local hospitals and health facilities attempting to open space in their facilities to care for COVID-19 patients.

Protocols for New Move-In / Returning Residents:

1. Assess the resident prior to move in according to normal policies. Consider the use of telehealth options to obtain necessary assessments and/or physician reports.
2. Screen the resident upon arrival at the Community for all potential COVID-19 signs and symptoms, including measuring body temperature.
3. Request a COVID-19 test for the resident if possible and confirm a negative result.

4. If the resident is coming from an acute care or skilled nursing facility:
 - a. Confirm that there is not an active COVID-19 outbreak at the facility.
 - b. Obtain written confirmation from the acute care / skilled nursing facility that the resident is safe to return / move in and is not suspected for COVID-19.
5. Do not allow the resident to move into a shared apartment unless it is a spouse/couple.
6. Screen newly admitted / returning residents for signs and symptoms every shift for 14 days.
7. Continue with all other restrictions on visitors, dining, activities, and social distancing.

Returning from an ER Visit:

If an existing resident is returning from a trip to the Emergency Room / Urgent Care:

1. Encourage the resident to wear a facemask while out of the community.
2. Screen the resident upon arrival at the Community for all potential COVID-19 signs and symptoms, including measuring body temperature.
3. Confirm that the resident was not exposed to COVID-19 while in the emergency room / urgent care.
4. Increase the frequency of symptom checks including taking temperature of the resident every shift for 14 days.

Quarantining New Move Ins / Returning Residents:

Based on guidance from state and local health departments and based on how widespread COVID-19 cases are in your area, communities may feel it necessary to quarantine residents at the time of move in/return: Discuss all new move ins with Director of Operations.

1. Unless a confirmed negative COVID-19 test result can be obtained, limit the new move in / returning resident's contact with others for 14 days:
 - a. Examples of a returning resident include:
 - i. Returning from an overnight stay outside the community
 - ii. Returning from acute care setting (hospital, skilled nursing, rehab, etc.)
 - b. Ask the resident to stay in their apartment and avoid contact with other residents, including for meals.
 - c. When staff enter the resident's apartment the resident should be asked to wear a facemask – practice extended use of PPE per CDC guidelines if necessary.
 - d. Staff will follow standard precautions and wear a facemask at all times.
 - e. If at any point a resident displays signs and symptoms of COVID-19 they will be immediately isolated, contact and droplet precautions implemented, medical attention will be obtained, and all other protocols followed.
2. Continue with all other restrictions on visitors, dining, activities, and social distancing, PPE, etc.

Culinary

1. In instances of wide spread COVID outbreaks, follow CDC or local health department guidance on suspending communal dining.
2. It is recommended to either suspend communal dining or at a minimum limit dining to small groups with good social distancing between residents.
3. When **suspending communal dining**:
 - a.

Serve meals directly in resident apartments (i.e., tray service).
 - b. Follow the meal delivery / tray service recommendations.
 - c. Ensure residents who require assistance/supervision receive this during meals.
 - d. Spouses/couples may receive meals together in their shared apartment.
4. If **limiting dining to small groups**:
 - a.

Again, follow your state and local health department guidelines. Some states are specifically limiting the size of the group (e.g., 10 in California).
 - b. Utilize alternative spaces to accommodate multiple small groups. This could include conference rooms, unoccupied apartments, model apartments, separate bistro areas, etc.
 - c. Offers meal service directly in resident apartments for those that choose that option.
 - d. Prioritize including residents who require supervision/assistance in the small groups.

- e. Residents should continue to maintain at least 6 feet of separation (social distancing).
- f. If due to constraints of the community or non-compliance by residents it is not possible to maintain appropriate social distancing and small groups, communal dining should be suspended.

Meals Service / Tray Delivery

Meals service / tray delivery should be implemented to serve meals in resident apartments when:

- A resident is being isolated for suspected COVID-19
- Community wide isolation is in place
- Or mandated by health department, medical providers, or similar authorities

Procedure:

1. Resident meal requests/orders should be submitted via telephone or other electronic means, rather than by going to the apartment to take orders whenever possible. If this is not possible, consider a common menu with a few a la carte options to limit staff interaction in the resident apartment.
2. Staff delivering meals should not enter the apartment when delivering meals.
 - a. If entering the apartment is required for caregiving purposes, this should only be done by qualified staff using appropriate PPE.
3. Meals should be served using disposable utensils, plates, and cups.
4. Meal service carts:
 - a. Should not be taken into resident apartments at any time.

- b. Should be assigned to specific areas of the community (e.g., AL, memory care, etc.).
5. Delivering food to the apartment of a resident **without suspected COVID-19**:
- a. Perform hand hygiene and don gloves
 - b. Do not enter the resident's apartment when delivering meals
 - c. Remove gloves and repeat hand hygiene if you have contact with the resident or any surfaces in their apartment.
 - d. Remove gloves and repeat hand hygiene after delivering meals.
6. Delivering food to the apartment of a resident **with suspected or confirmed COVID-19**:
- a. Perform hand hygiene
 - b. Don PPE (gloves, gown, mask, eye protection)
 - c. Announce presence to resident
 - d. Drop off food (do not enter apartment or make contact with surfaces in the apartment)
 - e. Take off and dispose of PPE
 - f. Perform hand hygiene
 - g. Repeat this process between each apartment of a resident with suspected or confirmed COVID-19

Activities and Outings

1. Discontinue group activities that lead to close contact between residents.
2. Residents should limit their trips out of the community to only medically necessary trips.
3. Cancel activities that take residents outside of the community to public places, particularly with large gatherings, such as malls, movies, etc. (Note: this does NOT apply to residents who need to leave the building for medical care such as dialysis, medical visits, etc.).
4. Residents should be encouraged to wear a cloth/homemade facemask when leaving the community for necessary medical appointments, etc.
5. Properly disinfect supplies between use or avoid using shared supplies.
6. Discontinue visiting activity groups, such as outside performers or volunteers.
7. Discontinue family nights and similar large gatherings. Take these to an electronic format, such as a webinar or conference call to facilitate communication.
8. In some state/county health departments are recommending further restrictions on dining and other group activities. Follow all recommendations from your health department.

Walking / Time Outside

Many residents have requested to continue walking outside or around the community, or just spending time outside in the sun and fresh air. While we want to ensure social distancing and protect our residents from exposure to the virus, we also want to find ways to maintain overall physical and psychosocial health.

Please consider the following when incorporating walks or time outdoors into the plan of care:

1. Coordinate/schedule outdoor time to minimize the number of residents and facilitate social distancing.
2. Residents should always maintain social distancing. Residents should not walk or sit with others. One exception to this would be a couple who already live in the same apartment.
3. Ask/encourage the resident to wear a face mask if able to do so.
 - a. If the resident is asymptomatic a cloth/homemade facemask is acceptable.
 - b. If the resident is symptomatic, they should wear a surgical face mask.
4. If the resident requires physical assistance or supervision, an appropriate staff member should be present to assist. The staff member should wear a face mask.
5. Include benches and other frequently touched outdoor surfaces in your routine cleaning and disinfection schedule.
6. Ask/encourage residents to perform hand hygiene before and after spending time outside of their apartment.
7. Walks should occur in controlled areas of the community, not in the general public.

Environmental Cleaning and Disinfection

1. Routinely clean and disinfect frequently touched surfaces (e.g., doorknobs, light switches, countertops) with the cleaners typically used.
2. Keep all enhanced cleaning and disinfection documents.
3. Clean and disinfect dining areas between meals (if/when dining rooms are still in use).
4. Use an appropriate EPA-registered disinfectant. More information on

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

4. Use all cleaning products according to the directions on the label.
disinfectants is available here:
5. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
6. Laundry provided by family in the normal course of business, needs to be evaluated to be handled by the facility to ensure compliance with CDC recommendations for laundry during COVID-19

Personal Protective Equipment

1. The CDC recommends making the following personal protective equipment available:
 - a. Facemasks – Recommended that all staff wear at all times. Also used in accordance with contact and droplet precautions.
 - b. Gowns – Use in accordance with contact and droplet precautions.
 - c. Gloves – Use in accordance with standard precautions.
 - d. Eye protection (i.e., face shield or goggles) – Use in accordance with contact and droplet precautions.
2. See other procedures in this plan regarding specific times to utilize PPE, including residents with symptoms, confirmed cases of COVID-19, and staff with symptoms.
3. 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.
4. Be prepared to implement CDC extended use guidelines in the section of this plan labeled “[PPE: Shortages / Optimizing Supply](#)”
5. Full procedures for the use of PPE can be viewed on the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Facemasks

General guidelines for the use of facemasks:

1. The CDC recommends that all people wear a cloth face covering in public settings where social distancing measures are difficult to maintain. You can view the full guidance here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>
2. It is recommended that all staff wear a surgical/isolation facemask while in the community.
3. It is recommended that all essential visitors be asked to wear a facemask when in the community.
4. Please refer to CDC extended use guidelines in the section of this plan labeled [“PPE: Shortages / Optimizing Supply”](#)
5. [Per the CDC](#): N95 respirators are recommended during contact with residents with suspected or known COVID-19. Due to limited supply, a disposable surgical/isolation facemask is acceptable per CDC guidelines. It is recommended both the resident and employee wear a surgical facemask in this situation.

Surgical/Isolation Facemask



N95 Respirator



Prioritizing the Use of N95 Respirators and Facemasks by Activity Type

If N95 respirators are available but on short supply, [the CDC recommends](#) prioritizing the use of N95 respirators and facemasks by activity type when in contact with a resident with suspected or known COVID-19:

Proximity to the resident during encounter	Facemask or Respirator Determination	
	Resident Masked Resident wears a facemask for entire encounter (i.e., with source control)	Unmasked Resident Resident is unmasked or the mask needs to be removed for any period of time during the patient encounter
Staff person will be within 3 to 6 feet of symptomatic resident	Facemask	Facemask
Staff person will be within 3 feet of symptomatic resident, including providing direct resident care	Facemask	N95 Respirator
Staff person will be present in the room during aerosol generating procedures performed on symptomatic persons	N95 Respirator	N95 Respirator

Fit Testing of N95 Respirators

If an N95 respirator is going to be used, CDC guidance and OSHA regulations normally require that it be fit tested. A fit test tests the seal between the respirator facepiece and the wearer's face. This normally must be tested for each manufacturer, model and size of respirator and must be retested annually. Fit testing takes about fifteen to twenty minutes to complete and requires specialized equipment.

You can learn more about normal fit test procedures here:

- OSHA Fit Testing Video:
https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html
- CDC Fit Testing Information:
<https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/>

Fit Testing During Infectious Disease Outbreaks

As the use of N95 respirators is not common in most senior living communities it is possible you may not have previously completed fit testing with your staff. Additionally, as the availability of respirators is limited nationally, even if you have previously fit tested, you may not have access to the same manufacturer, model, and size of respirators.

The CDC has published strategies to achieve the best respirator fit during a crisis. This guidance emphasizes that You can view the full strategies here:

<https://blogs.cdc.gov/niosh-science-blog/2020/04/01/fit-testing-during-outbreaks/>

Here are some key points to be aware of anytime staff are using an N95 respirator: Fit tests that waste a N95 should be suspended if there is a shortage of these supplies.

1. The respirator should fit over your nose and under your chin. If you cannot get a good face seal, try a different model or size.
2. Facial hair will cause the respirator to leak, so users should be clean-shaven. Some types of facial hair are acceptable as long as the facial hair does not lie along the sealing area of the respirator.

3. Practice putting on the respirator and doing a user seal check at least several times. You can view a video from OSHA on user seal checks here:
<https://www.youtube.com/watch?v=pGXiUyAoEd8>
4. Check the fit in a mirror or ask a colleague to look to be sure the respirator is touching your face and appears to be on properly.
5. While fit testing is ideal to confirm if a respirator does or does not fit, healthcare professionals should be able to obtain a good fit if they have had training and they perform a user seal check prior to each use of the respirator.

In addition to a user seal check, properly donning the respirator in the first place will help to achieve a good fit. Here are some additional considerations when donning your respirator:

1. Place the respirator over your nose and under your chin. If the respirator has two straps, place one strap below the ears and one strap above. If you're wearing a hat, it should go over the straps.
2. If the respirator has a noseclip (a thin metal bar at the top of the device), use your fingertips from both hands to mold the noseclip firmly against your nose and face. Do not pinch with one hand.
3. Be sure to conduct a user seal check every time you put on the respirator. This should be done before you enter a resident room. Your respirator may have instructions on how to conduct a user seal check.
4. If you feel dizzy, lightheaded, or nauseated, leave the patient room, remove your respirator, and get medical attention.
5. Discard the respirator when:
 - a. it becomes more difficult to breathe through it,
 - b. if it becomes dirty or

- c. the respirator becomes damaged.
6. Do NOT TOUCH the front of the respirator! It may be contaminated.
 7. Keep your respirator clean and dry. Be sure to read and follow the manufacturer's recommendations on use and storage.
 8. Follow CDC guidelines for extended use described in this plan.

PPE: Shortages / Optimizing Supply

If PPE is in limited supply, the CDC has made recommendations for optimizing the supply. You can view the full CDC recommendations here:

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

These procedures **should be implemented only as needed based on available supply of PPE** to meet the demand and should be tailored to each piece of PPE as necessary. Whenever possible, continue to follow normal standard, contact, and droplet precaution protocols related to PPE use. Always follow guidelines from state licensing agencies and state/local health departments.

Recommendations are generally listed in order that they should be considered, from contingency planning to crisis capacity.

1. General Recommendations

- a. Do not use PPE unnecessarily. Select and use PPE based on the precautions being implemented and the specific resident care task being performed.
- b. Reduce resident contact to only necessary care/tasks to avoid unnecessary use of PPE.
- c. Prohibit visitors unless necessary for medical care to avoid unnecessary use of PPE.
- d. Check with your local health department to access any backup supplies of PPE that may be available.
- e. Reach out to nearby medical providers who are not seeing patients during the pandemic, such as dentist offices and elective surgery centers to see if PPE is available.

2. Masks

- a. Remove facemasks from public areas unless being used by a symptomatic resident.
- b. Implement extended use of facemasks.
 - i. Extended use of facemasks means wearing the same facemask for repeated close contact encounters with several different residents, possibly for an entire shift/day.
 - ii. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
 - iii. Staff must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene.
 - iv. Staff should leave the resident care area if they need to remove the facemask.
- c. Crisis Capacity: Implement limited re-use of facemasks.
 - i. Limited re-use of facemasks is the practice of using the same facemask by one staff member for multiple encounters with different residents but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that staff do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.
 - ii. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.

- iii. Staff should leave resident care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
- d. Crisis Capacity: Prioritize facemasks for selected activities such as:
- i. During care activities where splashes and sprays are anticipated
 - ii. During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
 - iii. For performing aerosol generating procedures, if respirators are no longer available
- e. Crisis Capacity: **When no facemasks are available:**
- i. Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.
 - ii. Use of homemade masks: In settings where facemasks are not available, staff might use homemade masks (e.g., bandana, scarf) for care of residents with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

3. Gowns

- a. Use cloth gowns that can be laundered and reused.
- b. Crisis Capacity: Don and wear the same gown for use with multiple residents with confirmed or suspected COVID-19 unless the PPE becomes visibly soiled or damaged.
 - i. This practice should be avoided if any residents are suspected or confirmed to have a co-infection that is transmitted by contact (such as C. Diff.).
- c. Crisis Capacity: Reuse isolation gowns unless they become visibly soiled or damaged.
- d. Crisis Capacity: If there are shortages of gowns, they should be prioritized for:
 - i. Aerosol-generating procedures
 - ii. Care activities where splashes and sprays are anticipated
 - iii. High-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
 1. dressing
 2. bathing/showering
 3. transferring
 4. providing hygiene
 5. changing linens
 6. changing briefs or assisting with toileting
 7. device care or use
 8. wound care
- e. Crisis Capacity: **When no gowns are available:**
 - i. Lab coats

- ii. Reusable (washable) patient gowns
- iii. Disposable aprons
- iv. Combinations of clothing, such as long sleeve aprons, painting smocks/coveralls, or other options.
- v. Although not included in the CDC recommendations, some health care providers have used disposable trash bags in place of gowns.

4. Eye Protection

- a. Don and wear eye protection for the entire shift unless the PPE becomes visibly soiled or damaged.
 - i. Staff should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.
 - ii. Staff should leave resident care area if they need to remove their eye protection.
- b. Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields) that can be cleaned and disinfected.
- c. Crisis Capacity: Prioritize eye protection for selected activities such as:
 - i. During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures.
 - ii. During activities where prolonged face-to-face or close contact with a potentially infectious resident is unavoidable.
- d. Although not included in the CDC recommendations, some providers report using regular eyeglasses or safety glasses when no other options for eye protection are available.

If a Resident Has Symptoms

If you believe someone has COVID-19 seek medical attention and report immediately to your health department.

Residents should be monitored for signs and symptoms of respiratory infection on at least a daily basis. If a resident displays symptoms of respiratory illness:

1. Isolate the resident in his/her apartment and limit contact as much as possible.
 - a. Anyone entering the apartment must follow standard, contact, and droplet precautions.
 - b. Isolation includes providing meal service / tray delivery for all meals.
2. Implement standard, contact, and droplet precautions. This includes the use of appropriate personal protective equipment, including gloves, disposable gown, mask, and eye protection anytime staff enter the apartment or otherwise have contact with the resident. The use of designated isolation supply cart may be applicable to manage staff access and prevent contamination.
3. Seek immediate medical care and inform them of the resident's condition and symptoms. Ask the resident's medical provider to determine if testing is necessary and to confirm any additional precautions that should be followed pending diagnosis.
4. If the resident must leave their apartment (such as to be transported to medical care) they should wear a facemask.
5. The resident must remain in isolation until they are either transferred to a higher level of care or confirmed by a medical provider to be negative for COVID-19.
6. Increase the frequency of temperature and symptom checks for this resident to at least once per shift (three times per day).

7. Continue to follow all other precautions already in place regarding visitors, activities, dining, etc.
8. Contact the health department and follow all directions.

Confirmed COVID-19 – Resident(s)

If one or more residents in the community are **diagnosed** with COVID-19:

1. Notify the health department and the resident's physician and follow all directions. The community is also required to notify the Director of Operations for SSA, and any licensing agency as required.
2. Restrict all residents (to the extent possible) to their apartments except for medically necessary purposes.
 - a. If they leave their apartment, residents should wear a facemask, perform hand hygiene, limit their movement in the community, and perform social distancing (stay at least 6 feet away from others).
3. Follow standard, contact, and droplet precautions.
 - a. Anyone entering the apartment of a resident with confirmed COVID-19 must utilize full PPE, including:
 - i. Gloves
 - ii. Gown
 - iii. N95 or higher-level respirator (or facemask if a respirator is not available)
 - iv. Eye protection
4. All staff must wear facemasks at all times while in the community. Follow CDC extended use guidelines as described in this plan.

5. Staff should utilize full PPE during care with all residents, as available. This includes: an N95 respirator (or facemask if a respirator is not available), eye protection, gloves, and gown
 - a. If gowns are in limited supply prioritize them for use with residents who are confirmed positive for COVID-19 and then secondarily for residents who have symptoms but are not yet confirmed.
 - b. If gowns are being subject to extended use, they must not be re-used between confirmed COVID-19 diagnosed residents and other residents.
6. Increase screening/monitoring all residents and staff for signs and symptoms when there are active cases of COVID-19 in your community:
 - a. Screen residents for symptoms on each shift.
 - b. When there are active cases of COVID-19 in the community, any significant change in baseline status in a resident should be evaluated for COVID-19
 - c. Screen staff at the start of each shift, and again at the end of each shift.
7. If a resident requires a higher level of care or you cannot fully implement all recommended precautions, the resident should be transferred to an appropriate medical facility.
8. Cohorting - If necessary/possible, consider groupings residents with COVID-19 together in a dedicated area of the community. See the detailed cohorting plan for more information.
9. Continue to prohibit all visitors unless medically necessary.
10. Continue to follow all other precautions already in place regarding visitors, activities, dining, etc.
11. Initiate a COVID-19 Line List for tracking purposes.

12. Notify all staff, residents, and family/responsible parties. **See *sample communication to staff, residents, and families.***

13. Continue these precautions until advised to discontinue by the health department.

Cohorting

If necessary/possible, consider groupings residents with suspected or confirmed COVID-19 together in a dedicated area of the community.

The goal of cohorting is to minimize interaction of infectious individuals with non-infectious individuals as much as possible. Cohorting may be particularly necessary when they are active cases in memory care.

1. The ability to cohort will be based on several factors, including:
 - a. The physical space and layout of your community.
 - b. Having sufficient staff to dedicate to a cohort unit/space.
 - c. Having sufficient supplies of personal protective equipment
 - d. Having sufficient equipment and supplies to dedicate to the cohort unit.

2. The Cohort Unit
 - a. The cohort area (also called an isolation unit) should be a separate, well-ventilated area
 - b. Ideally the cohort unit will have a separate entrance.
 - c. Minimize traffic in/out of the cohort unit.
 - d. Identify areas/apartments that could be used to create separate wings, floors, or units.
 - e. With licensing/state approval, single occupancy rooms could be used as double occupancy in the cohort area.
 - f. Communities with separate cottages or “pods” could dedicate one for use as cohort space.

- g. Dedicate rooms/apartments in the cohort unit for staff breaks, supplies, medication storage, etc.
- 3. Staffing
 - a. Staffing assignments should be assigned to that area only.
 - b. This includes care staff as well as ancillary staff, such as housekeeping, dining, and maintenance.
 - c. These staff should not work in any other part of the community or in other senior living communities or health care facilities.
 - d. Consider the use of pay or other incentives for staff working in the cohort unit.
- 4. Personal Protective Equipment
 - a. Follow standard, contact, and droplet precautions for all residents in the cohort unit.
 - b. Ensure availability of sufficient PPE, including N95 respirators, gloves, eye protection, and gowns.
 - c. Follow CDC guidance for extended use of PPE if necessary.
- 5. Equipment and supplies (e.g., blood pressure cuffs, wheelchairs, lifts, etc.) should be assigned/dedicated to the area.
- 6. Limit visitors to only essential visits in accordance with current COVID-19 visitation policies.

Confirmed COVID-19 – Staff

If one or more staff members are **diagnosed** with COVID-19:

1. Contact the health department immediately, SSA Director of Operations, and licensing agency as required.
2. Follow all directions from the health department and the employee's physician.
3. The employee should not return to work until medically cleared to return.
4. Restrict residents (to the extent possible) to their apartments except for medically necessary purposes.
 - a. If they leave their apartment, 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).
5. Screen/monitor all residents and staff for signs and symptoms on each shift.
6. Continue to follow all other precautions already in place regarding visitors, activities, dining, etc.
7. Initiate a COVID-19 Line List for tracking purposes.
8. Continue these precautions until advised to discontinue by the health department.

Staff Returning to Work Criteria

Confirmed or Suspected COVID-19

If one or more staff members are suspected to have COVID-19:

1. The employee should not remain in the community with suspected or confirmed COVID-19.
2. Contact the health department and follow all directions.
3. Refer the employee to appropriate medical care for evaluation and possible testing. Not all persons with symptoms will be tested. The decision to test will be made the health care provider, based on severity of symptoms and current CDC guidelines. Follow all recommendations from the health care provider.
4. Per the CDC, there are three options to determine when the employee may return to work after suspected or confirmed COVID-19:
 - a. **Test-Based Strategy** – Exclude from work until:
 - i. Resolution of fever without the use of fever-reducing medications **and**
 - ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - iii. Negative test results from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)
 - b. **Symptom-Based Strategy** – Exclude from work until:
 - i. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
 - ii. At least 10 days have passed since symptoms first appeared

- c. **Confirmed Positive but Asymptomatic** – If the employee is tested and laboratory-confirmed positive for COVID-19, but has not had any symptoms they should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

5. When the employee returns to work, they should:
 - a. Wear a facemask at all times while in the community until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
 - b. Be restricted from contact with severely immunocompromised residents (e.g., transplant, hematology-oncology) until 14 days after illness onset.
 - c. Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
 - d. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

6. Continue to follow all other precautions already in place regarding screening, visitors, activities, dining, etc.

Staff Exposure to COVID-19

As the COVID-19 pandemic progresses, staffing shortages are anticipated. These guidelines are intended to provide solutions to help alleviate potential shortages and ensure the availability of staff to serve seniors.

These recommendations are based on CDC guidelines that can be viewed here:

<https://www.cdc.gov/coronavirus/2019-nCoV/php/risk-assessment.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

State guidelines vary. Confirm these recommendations with your state or county health department if unsure.

1. Prolonged Close Contact

If the staff member had prolonged close contact with a person with diagnosed COVID-19, they should be excluded from work for at least 14 days after last exposure and seek appropriate medical care.

- a. Contact the health department and follow all directions.
- b. Prolonged close contact is defined by the CDC as being within 6 feet of a person with COVID-19 for a prolonged period of time (such as caring for the resident).

2. No Close Contact and Asymptomatic

- a. If a staff member has had low risk exposure with suspected COVID-19 (not close contact) and the staff member is asymptomatic:
 - i. Contact the health department and follow all directions.
 - ii. Unless directed otherwise by the health department or other health professional, the staff member should continue to work.
 - iii. The staff member should take appropriate precautions until 14 days after exposure, including:
 1. Wear a facemask while at work.
 2. Screen/monitor for symptoms at least twice a day and at the beginning of every shift.
 3. If possible, assign the staff member to duties that do not involve direct resident care.

- iv. If the staff member develops symptoms consistent with COVID-19 they should immediately stop work, isolate at home, and seek medical care.

3. Working in Another Community/Facility with COVID-19

If an employee who works in another senior living community/health facility that has active cases of COVID-19 and the employee is being exposed to COVID-19 in that community:

- a. Always defer to guidance from your local health department.
- b. If COVID-19 is confirmed and the employee continues to work at the other location, the employee should not return to your community until that outbreak has cleared and the employee is cleared to return to work our community.
- c. If COVID-19 is confirmed and the employee chooses to no longer work at the other community, the employee may continue working at your community when cleared (e.g., 14 days, testing, public health confirmation, etc.).

COVID-19 Testing

Testing for COVID-19 should be done based on guidance from your public health departments and residents' physicians/primary care providers. At no time should community staff attempt to interpret a test result and/or make a diagnosis.

What Type of Test?

The testing referred to in these guidelines is reverse transcription polymerase chain reaction (RT-PCR) testing for SARS-CoV-2 infection. This testing is done by collecting a swab sample and sending to an approved lab for testing. All testing should be done under the guidance of the health department and/or appropriate medical professionals. The CDC does not currently recommend using antibody testing alone for diagnostic purposes.

Testing Does Not Replace Infection Control Protocols

Testing should be implemented **in addition to** existing infection prevention and control measures recommended by CDC, including visitor restriction, cessation of communal dining and group activities, monitoring all staff and residents for signs and symptoms of COVID-19, and universal masking as source control.

Who Should be Tested

Always follow guidance from your health department regarding how to prioritize testing. [According to the CDC](#), the priority for testing are staff or residents with symptoms and persons identified as part of an outbreak cluster by the public health department. All recommendations for testing are based on the capacity of available testing.

1. Highest Priority for Testing
 - Staff with symptoms
 - Residents with symptoms

2. Second Priority for Testing

- New move-ins
- Existing residents returning from an overnight stay in a hospital or skilled nursing facility
- Staff or residents who have had prolonged close contact (within 6 feet) with someone with confirmed COVID-19, if recommended by the health department or physician.
- Persons identified by the public health department

Community-Wide Testing of All Staff and Residents

As availability of testing increases, some health departments or healthcare providers may recommend testing of all residents and staff in the community. This may be done in response to cases in the community or as part of a surveillance program. The CDC has offered guidance for this type of “point of prevalence survey” [in nursing homes](#), and those have been adapted as follows:

1. Community-Wide Testing of Residents

- a. If testing capacity allows, community-wide testing of all residents should be considered in communities with suspected or confirmed cases of COVID-19.
- b. If testing capacity is not sufficient for community-wide testing, testing should be prioritized for symptomatic residents and other high-risk residents, such as:
 - i. New move-ins or returning residents, particularly those who are admitted from a hospital or other health facility
 - ii. Roommates of symptomatic residents
 - iii. Those who leave the community regularly for dialysis or other services.

2. Community-Wide Testing of Staff:

- a. If testing capacity allows, community-wide of all staff should be considered for testing in communities with suspected or confirmed cases of COVID-19.

3. Repeat Testing: After initial testing has been performed for residents and staff (baseline) and the results have been used to implement resident isolation/cohorting and staff work exclusions, health departments or medical professionals may recommend retesting.

a. Retesting Residents:

- i. Residents who develop symptoms consistent with COVID-19.
- ii. Residents who previously tested negative at some frequency to detect those with newly developed infection
- iii. If testing capacity is not sufficient for retesting all residents, retest those who frequently leave for dialysis or other services and those with known exposure to infected residents (such as roommates) or staff.

b. Retesting Staff:

- i. Retest any staff who develop symptoms consistent with COVID-19.
- ii. Retesting at some frequency based on community prevalence of infections (e.g., once a week), if recommended by the health department.

Collecting Testing Samples

It is preferred that the health department assist with collecting samples. That may not always be possible. If it is determined that test samples will be collected by community staff, consider these additional precautions:

1. Typically you will need an MD or other authorized prescriber to sign off on the test order/requisition.
2. Test samples should only be collected by an appropriately licensed professional (e.g., nurse).
3. Request instructions from the lab providing your test kits and follow those instructions.
4. We cannot require someone to be tested, we can only offer/encourage testing in accordance with public health or MD/PCP guidance.
5. Use the line list form to track tests collected/submitted.
6. Collecting swabs/samples:
 - a. Staff taking the testing sample should be in appropriate PPE (gloves, gown, mask, eye protection)
 - b. If collecting multiple samples, consider using at least two staff members to setup a “clean/dirty” system. This may not be necessary when only collecting one or a small number of samples. The purpose of this system is to improve efficiency, infection control, and use of PPE.
 - i. The “clean” tester never approaches the resident/employee.
 - ii. The Clean tester opens the test tube/swab kit, labels it, and hands the swab to the “Dirty” tester.

- iii. The Dirty tester collects the sample from the resident/employee, puts the swab into the test tube, seals it, and then returns it to a bag being held by the Clean tester.
 - iv. Repeat the process until all samples collected.
- 7. Swabs/samples may need to be stored in a refrigerator until returned to the lab for processing. Confirm with the instructions provided by the lab.
- 8. Return samples to the lab for processing immediately.
- 9. Coordinate with the lab and MD/PCP to receive and interpret results. At no time should community staff attempt to interpret a test result and/or make a diagnosis.

Staffing Plan

COVID-19 can lead to staffing shortages due to staff refusing to work or when doing community wide testing of all staff, this could lead to staffing challenges when employees must stay away from work for 10 or more days due to positive tests.

Alternate staffing plans must be based on the needs of each community, but can include:

1. Recruiting and hiring additional staff.
2. Reassigning managers to direct care/support roles.
3. Use of agency staffing. Secure agreements with staffing agencies in advance, and confirm they are willing/able to work in communities with COVID-19 positive residents.
4. Pay or other incentives for staff who continue working.
5. Alternative work schedules, such as 12-hour shifts or extended work schedules. Ensure state and federal overtime pay rules are followed.
6. Cancelling non-essential services and reassigning those staff to support resident care.
7. Use of cohorting of COVID-19 positive residents (see cohorting plan for more information).
8. Consider using CDC criteria that allow to staff with suspected or confirmed COVID-19 (who are well enough to work) to return to work. This should only be done in the case of extreme crisis staffing shortages and should be discussed with the health department in advance.
9. Consider relocation of residents to alternate communities or facilities if necessary.

Shelter in Place

THIS ONLY APPLIES TO THE LIMITED AREAS IN THE COUNTRY WITH SHELTER IN PLACE ORDERS IN EFFECT.

If you state or county implements a “shelter in place” or “stay at home” order that restricts the public to staying in their homes and/or limited use of public services, we recommend:

1. Follow all directions from your county notice and your health department.
2. Immediately communicating with staff in communities impacted by these orders to ensure they understand that they may continue coming to work.
3. Provide your staff with identification or other information that they can present to authorities if needed to ensure they will be allowed to continue to work. Attached is a sample letter that can be modified and printed on company letterhead to assist with this.

[DATE]

TO: Whom it May Concern

FROM: [NAME OF ED]
Executive Director
[NAME OF COMMUNITY]

RE: Shelter in Place

Dear Sir or Madam,

This letter is to confirm that:

[NAME OF EMPLOYEE]

Is an essential employee of a licensed Residential Care Facility for the Elderly. It is essential he/she be at work to provide care and services for our residents, and should be allowed to continue to work at:

[NAME OF COMMUNITY]

[ADDRESS]

[CITY, STATE, ZIP]

[LICENSE NUMBER]

[PHONE NUMBER]

Thank you,

[NAME OF ED]

Memory Care

Implementing precautions, particularly isolation, in a secured memory care environment is particularly challenging. Due to the unique cognitive challenges of residents in memory care, it may not always be possible to implement some recommendations as fully as in a traditional assisted living or independent living environment/community.

Consider these adaptations in memory care:

1. Continue to follow guidance from the CDC, public health departments, and state licensing agencies.
2. Visitors – Visitors should be restricted to essential visits as otherwise outlined in this plan.
3. Screening – Visitors, staff, and residents should be screened as otherwise outlines in this plan.
4. Activities / Meals – While it may be difficult to totally contain residents in memory care to their apartments, make efforts to avoid large group activities or meals to the extent possible. Break residents up into smaller groups and have staff on hand to help redirect residents as possible.
5. Assign dedicated staff to the memory care area/unit – Meaning do not assign staff to crossover between working in assisted living on one shift, and then memory care on the next or vice versa.
6. Assist/encourage residents in memory care to wash hands frequently – before meals, after using restroom, and general at least once per shift. Use visual cues such as posters or flyers to indicate hand hygiene. **SEE SAMPLES**
7. When culinary staff are delivering meals/carts, limit their access to residents. Preferably the cart can be passed off to a memory care staff member and the culinary staff will not enter memory care.

8. Use a dedicated food cart for delivering meals/trays to memory care and clean/disinfect it appropriately.
9. Isolation – If it is necessary to isolate a resident in memory care due to suspected or known COVID-19, consider these steps:
 - a. Seek medical attention as necessary.
 - b. Consider temporarily relocating the resident if appropriate/possible.
 - c. Attempt to isolate the resident to his/her apartment if possible.
 - d. Assist/encourage the resident to wear a mask to the extent possible.
 - e. If due to cognitive impairments it is not possible to isolate the resident, it may be necessary to relocate the resident or treat the entire memory care area/unit as isolated. This would include not allowing staff to work in other areas of the community, limiting contact with other areas of the community, and implementing droplet/contact precautions throughout the memory care area/unit.
 - f. Follow all directions from your public health department.

Quality Assurance

In order to ensure compliance of policies and procedures regarding COVID-19, the community ED or DOW will review on a daily basis all logs for screening of residents, staff, and visitors. The ED email weekly, the documents from staff and residents screening logs. These logs will be reviewed for compliance by the Clinical Director, Director of Operations, or a designee.

All logs during a COVID-19 outbreak will be kept on site until approved by the Director of Operations.

Training Webinar Videos

The following training videos may be used to aid in staff training. **Always ensure you are following the latest CDC, health department, and state licensing guidelines!**

The videos can be played on any internet connect device, including tablets and mobile phones.

- COVID-19 Introduction and Overview
<https://vimeo.com/400768570/0b8824ca75>
- COVID-19 Standard, Contact, and Droplet Precautions
<https://vimeo.com/400775922/7fd755b759>
- COVID-19 Personal Protective Equipment
(Includes CDC extended use guidelines)
<https://vimeo.com/400788568/0fdde84d79>
- COVID-19 Responding to Signs and Symptoms
<https://vimeo.com/400792175/7f5188337e>
- CDC Hand Hygiene Video
<https://youtu.be/d914EnpU4Fo>

Additional Resources

- AHCA/NCAL Recommendations for Nebulizer Treatments:
https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Nebulizer.pdf
- CDC Checklist for Preparing the Home
(May be a helpful for staff who are wondering what to do at home)
https://www.cdc.gov/coronavirus/2019-ncov/prepare/checklist-household-ready.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fchecklist-household-ready.html
- CDC Travel Guidelines
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- EPA-Registered Disinfectants
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Collecting a Nasopharyngeal Swab
<https://www.youtube.com/watch?v=syXd7kgLSN8>