



# Coronavirus (COVID-19) Policy & Procedures

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## Policy:

UPDATE: Effective March 16, 2020, this policy has been updated including clarifications to the **BLUE** Level.

As of March 12, 2020, all Cedarhurst Living communities are minimally on the **BLUE** Level for COVID-19 until further notice.

There are three levels of escalation in the Cedarhurst Coronavirus (COVID-19) Policy: **Orange Level** (lowest), **Blue Level** and **Red Level** (highest). All Cedarhurst Communities will stay informed about their assigned level, and local Coronavirus (COVID-19) situation and maintain a state of readiness for the prevention of and a prompt response and maintenance of a suspected or confirmed Coronavirus (COVID-19) exposure in their Community.

Under the guidance and direction of the Cedarhurst COVID-19 Response Team and assigned Regional Directors of Operation, Nursing and Sales, all Executive Directors, in collaboration with their Director of Nursing and other key managers, will oversee the implementation of COVID-19 Policy and Procedures in each community. If a Community experiences a serious outbreak of any contagious illness, including COVID-19, the Community's Executive Director will follow the Communication Expectations Policy & Procedures [600-49] and collaborate with the Executive Leadership and Regional Teams to develop a statement(s) for the Residents, families and visitors.

If contacted by the media, the Community should immediately contact the Communications Director and follow the Communication Expectations Policy & Procedures [600-49] and collaborate with the Executive Leadership and Regional Teams to develop a statement(s) for the Residents, media, families and visitors.

## **ORANGE LEVEL: Coronavirus HIGH RISK Prevention Procedures:**

**When a Coronavirus (COVID-19) has identified as a potential threat to a Cedarhurst community by the Coronavirus (COVID-19) Response Team, the Community will be raised to the **Orange Level** and follow the **Coronavirus High Alert Prevention Procedures.****

- 1) **Assemble** Community management and prepare strategically for a potential spread of the virus.
  - a. The Community should verify and update as needed each Resident's Emergency Contact Lists, the Emergency Support Call List [900-06] of key partners (including the local or state health department), and Staff Emergency Call List [900-28]

located in their Fire Safety and Disaster Manuals. Staff should have easy access to them.

- b. The Community should reach out to the local healthcare providers within the local community, including hospitals, physician groups, home health agencies and first responders to collaborate on emergency preparedness efforts. Understand their emergency plans and response activities, including managing patients, accepting transfers, and sharing supplies. Review any Memoranda of Understanding or Mutual Aid Agreements with community partners to provide support or assistance during emergencies.

2) **Review** Community's infection control policies, **inventory** the Community's supplies, and **prepare** employees.

- a. The Community should conduct an inventory of available Personal Protective Equipment and how to optimize ensure the proper distribution in the event of shortages.

The Community should provide additional work supplies to avoid sharing (i.e. pens, pads) and routinely disinfect workplace areas (desks, phones, walkie-talkies, pagers, iPads, laptops, etc.).

- b. Ensure that staff are aware of sick leave policies, are advised to check for signs of illness before reporting to work each day, and to notify their supervisor if they become ill. Employees who develop respiratory symptoms (i.e. cough, shortness of breath, fever, etc.) should be encouraged and/or instructed not to report to work.
- c. The Community will ensure that every employee, resident, and visitor readily have access to alcohol-based hand rub, preferably inside and outside of resident apartments. The Community will also ensure that tissues are available, and any sink is well-stocked with soap and paper towels for hand washing, and that waste receptacles are easily accessible and no-touch when possible.
- d. The Community will provide training and education and resources to its residents, families, and staff on Coronavirus (COVID-19) prevention, including infection control practices, standard precautions, hand and respiratory hygiene, as well as cough etiquette.
- e. A Coronavirus (COVID-19) outbreak could lead to staff absenteeism. The Community should prepare, in collaboration with their regional team, for alternative staffing plans to ensure as many staff are available as possible.

3) **Create a Communication Plan** with the Communications Director and COVID-19 Response Team for residents, families, and professional affiliates. The email group

[Covid-19Response@cedarhurstliving.com](mailto:Covid-19Response@cedarhurstliving.com) is available to contact the Communications Director and COVID-19 Response Team.

- a. **Messaging** to the people we serve is best received when the tone is calm, reassuring, and direct. It is important to emphasize both how the entire community is preparing, as well as how individuals can prepare at home.
- b. **Post Visitor Alert signs and posters** as reminders to follow respiratory hygiene practices, handwashing, cough etiquette, not to visit if they are ill, and that **ALL VISITORS 15 years old and under are restricted** from entering the community until further notice.
- c. **The Community will plan to keep residents, employees, and visitors informed**, sharing information about what is currently known about COVID-19, the potential for surge, describing what actions the Community is taking to protect them, answering questions and explaining what they can do to protect themselves and their fellow residents/co-workers. For latest information, visit: <https://cedarhurstliving.lpages.co/coronavirusresponse/>
- d. **The Communications Team and COVID-19 Response Team will send approved Family Engagement messages and social media posts. The Community is encouraged to copy/paste these approved messages to use in emails.**
- e. **The Community is responsible for posting VISITOR signs at the entrance** of the Community instructing visitors not to visit if they are 15 yrs. or younger, limited visitation hours, or have symptoms of respiratory infection and to provide timely updates.

Additional communication strategies should be used whenever possible to limit visitors to reduce the potential for exposing themselves or others to germs.

- 4) **Refresh** staff with reminder trainings on hand hygiene, proper use of personal protective equipment (PPE), and their responsibility to stay home when sick.
- 5) **Daily infection control rounds** should be performed by the Community's management team and/or appointed infection control champion. See Infection Control Daily Checklist.
- 6) **Perform regular environmental cleaning and disinfection** and maintain good ventilation (if possible, by opening doors and windows). Clean and disinfect frequently touched objects and surfaces with the Environmental Protection Agency (EPA) suggested disinfectants, cleaning methods and standard precautions.
- 7) **All residents shall be screened daily with the Signs and Symptoms Screening** tool of the COVID-19 unless the State or County Health Department has advised otherwise or there are extenuating circumstances. Documentation that the daily Signs and

Symptoms Screening should be recorded in Caremerge.

**8) Employees should not report to work** and get medical attention if they are sick or have signs and symptoms of a respiratory infection.

- a. **Monitor employee absenteeism** due to respiratory symptoms and fever from work until at least 72 hours after they no longer are having signs or symptoms of COVID-19, cold or flu like symptoms.
- b. **Each day immediately upon entering the premises for work**, all staff shall report to the area designated by community leadership to complete the Signs and Symptoms of COVID-19 Screening unless the State or County Health Department has advised otherwise.
- c. **Any employee that develops signs and symptoms** of a respiratory infection while on-the-job, should:
  - Immediately stop work, put on a facemask (if supplies allow), and self-isolate at home;
  - Inform the Community's Executive Director and Director of Nursing, and include information on individuals, equipment, and locations the person came in contact with;
  - Contact and follow the local health department recommendations for next steps (e.g., testing).
- d. **The Community will refer to the CDC guidance for exposures** that might warrant restricting asymptomatic healthcare personnel from reporting to work. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
- e. **The Community will contact their local health department** for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).
- f. **Staff will notify their supervisor of any planned travel outside the United States as well as any international travel within the past 14 days.** This policy also applies to any individual contractor or vendor representative who comes on-site. To the extent a staff member, contractor or vendor has traveled outside the country within the past 14 days, he/she should refrain from entering the Community for a minimum of 14 days after returning to the U.S. and are confirmed as not having any signs or symptoms of COVID-19, cold, or flu like symptoms for at least 72 hours.

**9) Travel Guidelines for Employees effective 3/16/20 through April 30, 2020** are as follows:

- **All personal international and domestic congregate travel (i.e. airplane, train - other than normal commute, cruise boat, etc.) is strongly discouraged.** Upon returning from congregate travel, the employee is **prohibited** from entering a Cedarhurst community and having direct contact with residents for a minimum of 14 days after you (or someone you are in close contact with) has returned and confirmed as not having any signs or symptoms of the Coronavirus (COVID-19), cold or flu like symptoms.
- All Cedarhurst congregate travel is **prohibited** without prior written approval from the COVID-19 Response Team.
- We strongly urge caution and judgment for your personal travel.
- We encourage social distancing of 6' or more for any essential in-person meetings.

**10) Visitors 16 yrs. of age or older should only enter and exit through the main entrance. ALL VISITORS 15 and under are restricted** from entering the community until further notice.

**11) Visitors shall be advised to apply hand-sanitizer before proceeding any further.**

Visitors include medically essential healthcare professionals, independent contractors, and government officials.

At an area designated by community leadership, all visitors should complete the Signs and Symptoms of COVID-19 Screening unless the State or County Health Department has advised otherwise. The area shall be disinfected routinely and the thermometer disinfected between each use.

**12) Residents, employees, and visitors (16 or older) may be restricted entry or granted limited visitation into the Community to prevent the spread of COVID-19.**

**For all those entering the Community, the person will complete the appropriate Signs & Symptoms Screening tools for Employees, Approved Medical Personnel, Approved Resident Re-Entry, Approved Visitor, and New Resident Move In.** Any person that does not meet the criteria will be **restricted** entry into the Community.

**For those individuals that meet the above criteria,** a Community can allow entry but may require visitors to use hand sanitizer and Personal Protective Equipment (PPE) such as facemasks (if supplies allow).

**DEFINITION: Restrict** means the individual should not be allowed in the Community at all, until they no longer meet the criteria above. **ALL VISITORS 15 and under are restricted** from entering the community until further notice.

**DEFINITION: Limit** means the individual should not be allowed to come into the Community, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.

For a Community that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, Cedarhurst will **limit** visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the Community has specifically dedicated for visits.

**DEFINITION: Discourage** means that the Community allows visits during visitation hours (except for those individuals meeting the restricted criteria), however the Community advises individuals to defer visitation until further notice (through signage, calls, etc.).

**13) The Community will increase visible signage at entrances/exits, offer Signs & Symptoms Screenings including temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the Community (if supply allows).**

The Community will also provide instruction, before visitors enter the Community and Residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current Community policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques will be restricted from entry.

Signage should also include language to **discourage** visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.

**14) In cases when visitation is allowable,** a Community should instruct visitors to limit their movement within the Community to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)

**15) A Community will review and revise how they interact** with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission.

For example, do not have supply vendors transport supplies inside the Community. Have them dropped off at a dedicated location (e.g., loading dock). A Community can allow entry of these visitors as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions. For example, hospice workers can enter a Community when using PPE properly.

**16) In lieu of visits** (either through **limiting** or **discouraging**), a Community should consider:

- **Offering alternative means of communication** for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).

- **Creating/increasing communication** to update families, such as advising to not visit.
- **Assigning staff as primary contact to families** for inbound calls and conduct regular outbound calls to keep families up to date.
- **Offering a website:** <https://cedarhurstliving.lpages.co/coronavirusresponse/> and **updating the Community's voice recording** (if available) at set times (e.g., daily) with the Community's general operating status, such as when it is safe to resume visits.

**17) When visitation is limited or allowed under special circumstances,** a Community should make efforts to allow for safe visitation for residents and loved ones. For example:

- **Suggest limiting physical contact with residents** and others while in the Community. For example, practice social distances with no handshaking or hugging, and remaining six feet apart.
- If possible (e.g., pending design of building), **creating dedicated visiting areas** (e.g., "clean rooms"), near the entrance to the Community where residents can meet with visitors in a sanitized environment. A Community should disinfect rooms after each resident-visitor meeting.
- **Residents still have the right to access the Ombudsman program.** If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, a Community need to facilitate resident communication (by phone or another format) with the Ombudsman program

**18) The Community will advise visitors:**

- **If he/she may have been exposed to a person confirmed as having COVID-19** to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.
- **To report to the Community any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the Community.**

**19) In addition to Coronavirus General Prevention Procedures,** the Community should confer with the local health department and will review the CDC guidelines for preventing the spread of the contagion.

**20) Activities/events with entertainers and community groups should be cancelled and outings limited to only to those that DO NOT require residents from getting out of the bus/vehicle.** Any large group activities should be closely monitored for adhering to proper standard precautions and infection control guidelines.

**21) Ensure that each Resident who is suspected or confirmed as having COVID-19 are kept isolated in a single room** whenever possible and kept several feet away from other Residents for at least 72 hours (or as recommended by health authorities) after the symptoms have resolved.

- 22) **Get people thinking** about what to do if schools and other public institutions are closed. Reassure staff that it is a similar approach to closures due to weather emergencies – something they are more familiar and comfortable with.
- 23) **Offer resources** to help manage anxiety and stress, such as the Employee Assistance Program.

## **BLUE LEVEL: Coronavirus Local Area Prevention Procedures:**

**When a confirmed case of COVID-19 has been identified within the Community's county or county adjacent or has been otherwise directed by the Coronavirus (COVID-19) Response Team, the Community will be raised to the **Blue Level** and follow the **Coronavirus Local Area Prevention Procedures in addition to the High Alert Orange Level Prevention Procedures.****

- 1) The Community will ensure that visitors, including third-party services, are **restricted** from entering the community unless it is for delivery purposes, or essential medical-related reasons. Residents should only be allowed to leave and return to the community for **essential medical-related reasons**. If this is necessary, please notify us ahead of time and the Community will arrange for them to meet the visitor in the lobby.
- 2) Prior approval from a member from COVID-19 Response Team for **limited** visitation may be allowed under special circumstances. If **limited** visitation is granted under special circumstances, the visitor must make prior arrangements for their visit, meet the Signs & Symptoms Screening criteria, and be escorted to and from the resident's apartment by management or a designee.
- 3) **For those individuals that meet the above criteria**, a Community can allow entry but may require visitors to use hand sanitizer and Personal Protective Equipment (PPE) such as facemasks (if supplies allow).
- 4) All staff, approved visitors, and approved essential medical personnel with direct contact with a resident(s), should adhere to Standard Precautions.

When residents are either **quarantined** or **isolated**, the PPE Guidance on Use and Conservation should be followed by employees.

**DEFINITION: Quarantine** means a resident is **not** showing any sign or symptoms of COVID-19 but is restricted to his/her apartment since the Community is on Red Level.

**DEFINITION: Isolation** means the resident is either showing signs or symptoms of COVID-19, has tested positive for COVID-19, or has otherwise been directed per the Signs & Symptoms Screening to be restricted to his/her apartment.

- 5) **Every shift, infection control rounds** should be performed by the Community's management team and/or appointed infection control champion. See Infection Control Daily Checklist.
  
- 6) **Virtual tours will be given whenever possible for prospective residents.** If a tour is necessary, it should be **limited** to:
  - a. OneDay tours and videos;
  - b. A time when Residents are least likely to be in common areas;
  - c. Limited to 2 people;
  - d. Must meet the Signs & Symptoms Screening criteria
  - e. To the CRD's office or discovery room, avoiding common areas for extended periods of time;
  - f. The manager escorting them throughout the community **limited** tour of the applicable areas, avoiding contact with Residents and staff.
  
- 7) **New Residents who are permitted to move into the Community will:**
  - a. Meet the criteria outlined in the New Resident Move-In Signs and Symptoms Screening;
  - b. Be permitted only 2 visitors who meet the criteria for Approved Visitors Signs and Symptoms Screening and visit time kept to a minimum;
  - c. Move in during a pre-approved time when Residents are least likely to be in common areas;
  - d. Use the entrance closest to new Resident's apartment, closing the hallway while any moving belongings are in process;
  - e. Be escorted by a manager throughout the community, avoiding contact with Residents and staff;
  - f. Be **isolated** for either:
    - i. a minimum of 14 days and are free from signs & symptoms of the Coronavirus (COVID-19) for at least 72 hours, or
    - ii. until a negative COVID-19 is obtained after moving into the Community. After the initial 72 hours of isolation, a COVID-19 test can be completed. The resident (and second person, if applicable) must remain **isolated** in apartment until negative results are received.
  - g. Be allowed to live rent-free during the isolation period; and
  - h. Be allowed a second person to live with him/her rent-free during the **isolation** period.
  
- 24) Residents who are permitted to leave the Community due to essential medical reasons or approved special circumstances will:**
  - a. Provide the Community with either written or verbal confirmation from his/her physician that the appointment is medically essential to the Resident's health; or
  - b. Obtain pre-approval from the Coronavirus (COVID-19) Response Team for a special circumstance to leave the Community; and
  - c. Complete the Resident Essential Medical or Pre-Approved Special Circumstance

Leave of Absence Agreement of Understanding prior to leaving the Community, including to be **isolated** for a minimum of 14 days and be free from any signs and symptoms of the Coronavirus for at least 72 hours; and

- i. Meet the criteria outlined in the Resident Approved for Re-Entry Signs & Symptoms Screening prior to being permitted re-entry into the Community. Note: Resident will remain in **isolation** per screening instructions or until a negative COVID-19 test result is obtained. After the initial 72 hours of isolation, a COVID-19 test can be completed with the resident. The resident must remain **isolated** in apartment until negative results are received.
- d. Be **restricted** from re-entry into the Community if he/she or someone they had close contact with while on leave of absence tested positive for the Coronavirus (COVID-19).

**25) Resident who leave the community voluntarily**, for reasons that are not medically essential or who have not received pre-approval for a special circumstance from the Coronavirus (COVID-19) Response Team will:

- a. Complete the Resident Voluntary Leave of Absence Agreement of Understanding prior to leaving the Community, which includes the understanding that doing so will **restrict** him/her from entering back into the Community until further notice;
- b. Meet the criteria outlined in the Resident Approved for Re-Entry Signs & Symptoms Screening prior to being permitted re-entry into the Community.
- c. Be **restricted** from re-entry into the Community if he/she or someone they had close contact with while on leave of absence tested positive for the Coronavirus (COVID-19).

**26) Implement social distancing in the Community's dining practices.**

- a. Provide in-room meal service for all residents that are assessed to be capable of feeding themselves without supervision or assistance.
- b. Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets. Meals for these residents should ideally be provided in their rooms; or the residents should remain at least six (6) feet or more from others if in a common area for meals, and with as few other residents in the common area as feasible during their mealtime. Staff should take appropriate precautions with PPE (as supplies allow) given the risk for these residents to cough while eating.
- c. If residents need to be brought to the common area for dining, do this in intervals to maintain social distancing (as available).
  - i. Ensure residents are washing their hands prior to entering and upon leaving the dining room.
  - ii. Discontinue the use of table linens.
  - iii. Attempt to separate tables as far apart as possible; at least six (6) feet if practicable.
  - iv. Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time (if available).

- v. Ideally, have residents sit at tables by themselves to ensure that social distancing between residents can be maintained, or depending on table and room size.
- vi. If necessary, arrange for meal sittings with only two (2) residents per table, focusing on maintaining existing social relationships and/or pairing roommates and others that associate with each other outside of mealtimes.
- vii. Residents who need assistance with feeding should be spaced apart as much as possible, ideally six (6) feet or more or no more than one person per table (assuming a standard four [4] person table).
- viii. Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.
- ix. Staff will ensure that all dining surfaces are properly sanitized.

**27) All Life Enrichment group activities, including outings, should be cancelled.** Offer one-on-one visits and other creative programs that can be enjoyed while socially distancing residents a minimum of 6 feet away from each other.

- a. Consider providing hallway activities. Residents participate from their apartment doorway unless the resident is on isolation. Employees facilitate the activity from the hallway.  
Create hallway activity shifts ensuring all hallways can participate. Find creative ways to continue offering exercise, cognitive stimulation, spiritual, social and emotional connection, music, etc.
- b. Staff will provide in-room activities for residents identified as appropriate.
- c. Staff will utilize PPE (Personal Protective Equipment) when visiting with a resident who is isolated.
- d. Staff will disinfect any life enrichment supplies between resident usage.
- e. Community will strive to post photo(s) daily via social media and Caremerge and use OneDay to send videos.
- f. Community will strive to offer residents and families opportunities to communicate with their loved ones via phone, FaceTime, or Skype.
- g. Life Enrichment staff will create and distribute monthly or weekly calendars, noting the hallway location and any in room visits.
- h. Life Enrichment staff will continue to create and distribute the Community's monthly newsletter.
- i. Encourage Caremerge Family Authorization Forms completed if families want to sign up. Verbal consent may be obtained, stating it was given and who gave you the consent. Two employees must sign as witnesses.
- j. Continue to take attendance for every activity.
- k. Continue to send family messages, minimally 1/week.

**28) The Community should offer alternative means of communication** for those residents who could benefit from socialization and virtual communications (phone, video-communication, etc.).

**29) For Residents who are either on isolation, quarantine, or are voluntarily staying in his/her apartment, the Community should offer In-Room Activity Kits based on what the resident interests (as supplies allow). The “kit” should be disposable, for example use gift bags.**

**PROPER INFECTION CONTROL & STANDARD PRECAUTIONS:** Any non-disposable item that is used by a resident who is on isolation must be disinfected once the resident is finished with the item. Follow the instructions on the disinfectant product. If you are unclear as to the proper protocol check with management.

**Employees must use proper precautions and utilize PPE (personal protective wear) when visiting with a resident who is on isolation. Refer to the PPE Guidance on Use and Conservation.**

## **RED LEVEL: Coronavirus Suspected and/or Confirmed Exposure Procedures:**

If a Community has a suspected instance of respiratory infection with Coronavirus (COVID-19) symptoms amongst residents, any recent approved visitors (which is generally only essential medical personnel), employees, those with whom an employee has come into close personal contact, or another special circumstance as determined by the COVID-19 Response Team, the Community should be elevated to the Red Level for Sus

**In addition to Coronavirus High Alert and Local Area Prevention Procedures, any Resident, employee or visitor displaying the signs and symptoms of COVID-19 should be advised to seek medical care by calling in advance to their healthcare provider.**

- I. Offer a mask to the suspected person.**
  - a. If someone other than a resident,** request that suspected person get a full viral panel completed, including for COVID-19 (if available), and to let their healthcare professional know of their connection to the community.
    - i. If possible, the Community should phone ahead and inform the provider upon their estimated arrival.
    - ii. Identify a contact person at the Community for the suspected person to keep informed of their test results ASAP.
  - b. If a resident,** keep isolated until his/her physician can be contacted.
    - i. Limit movement into the Resident’s apartment to reduce the number of those exposed and to conserve the Community’s PPE supply.
    - ii. If possible, ensure that each Resident who is suspected or confirmed as having COVID-19 are isolated in a single room and kept several feet away from other Residents.
  - c. The identity of the suspected person should remain confidential.**

- d. **Advise those involved to remain calm and professional** while test results are processed. Remember, it could be another virus or illness.
- m. **Contact a member of the COVID-19 Response Team.**
- n. **Contact the County Health Department**, request additional Personal Protective Equipment, and follow their guidance.
- o. **Initiate Red Level procedures**, including posting appropriate signage on Community doors.
- p. **All residents should be either quarantined or isolated to their rooms** while testing results are pending.
- q. **In-room dining should be initiated with single-use disposable products** (unless resident is identified as needing assistance or a choking hazard—dining room seating must be 6' apart from each other, unless cohabitating).
- r. **Review the Signs & Symptoms records of anyone the suspected person had close contact with, starting with residents.** If any of them are also showing signs & symptoms, contact their physician and their responsible party (if not the resident) to keep them informed.
- s. **Remind employees to use PPE and universal precautions** with all isolated residents, disposing of PPE in a trash bag before leaving a resident's room, and to wash hands between one resident's room to the next.
- t. **Complete a complete Community-wide disinfection.** See Infection Control Daily Checklist.
- u. **Twice during every shift, infection control rounds** should be performed by the Community's management team and/or appointed infection control champion. See Infection Control Daily Checklist.
- v. **Update the Community's PPE Supply List** as needed.
- w. **All tours and new residents moving into the Community will be suspended** while on the **Red** Level and while test results are pending.
- x. **Restrict the number of persons moving** from areas within the affected area(s) of the Community to areas not affected.
- y. **Limit the movement** of Residents within the Community, especially in common areas, and kept in isolation until directed by the physician. If the Resident needs to be moved, plan the move ahead: all staff and visitors who come into direct contact with the

Resident should wear PPE.

- z. **Restrict** visitors unless prior approval from a member from the COVID-19 Response Team grants **limited** visitation under special circumstances and if appropriate, coordinate the temporary leave and care of residents who desire to reside with a responsible party or loved one while there is an active case of COVID-19 within the Community.
  
- aa. **Identify designated staff** who will be responsible for caring for suspected or known Coronavirus (COVID-19) residents. Ensure they are trained in the infection prevention and control recommendations for Coronavirus (COVID-19), standard precautions, and proper PPE usage.
  
- bb. **Implement alternative staffing plans**, as needed, ensuring that all shifts are covered while test results are pending. Initiate the COVID-19 Incentive Pay Policy once approval from VP of Operations is granted.
  
- cc. **Ensure that snack carts, including drinks and prepackaged snacks, are being offered twice a day, while using Personal Protective Equipment (gloves, etc.) and Standard Precautions.**
  
- dd. **Offer in-room life enrichment activities** according to resident interests and preferences, disinfecting any items used between residents.
  
- ee. **A Community may need to transfer a Resident with suspected or confirmed COVID-19 to a hospital.**
  - a. **A Community with a Resident(s) suspected of having COVID-19** infection should contact their local health department.
  
  - b. **Employees should continue to follow Resident Rights, including Confidentiality, Privacy, and Dignity.**
  
  - c. **Residents infected with COVID-19 may vary in severity** from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the Community can follow its infection prevention and control practices recommended for caring for a Resident with COVID-19.
  
  - d. **Communities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming:**
    - The resident does not require a higher level of care; and
    - The Community can adhere to the infection prevention and control practices recommended for caring for a Resident with COVID-19.

- e. **Please check the following link regularly for critical updates**, such as updates to guidance for using PPE: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/controlrecommendations.html>.
  - f. **The Resident may develop more severe symptoms and require transfer to a hospital for a higher level of care.** Prior to transfer, emergency medical services and the receiving healthcare provider should be alerted to the Resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer (if supplies allow).
  - g. **If the resident does not require hospitalization** they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate.
  - h. **Pending transfer or discharge**, place a facemask (if supplies allow) on the Resident and isolate him/her in a room with the door closed.
- ff. The Community can move a Resident into or back from a hospital who was diagnosed with COVID-19 only if it can follow CDC guidance for Transmission-Based Precautions.**
- a. **If the Community cannot, it must wait until these precautions are discontinued.** CDC has released. Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#clinical-management-treatment%3C>
  - b. **Information on the duration of infectivity is limited**, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).
  - c. **The Community should move in any individuals that they would normally accept to their Community**, including individuals from hospitals where a case of COVID-19 was/is present.
- If possible, dedicate a wing/neighborhood/hallway exclusively for any Residents coming or returning from the hospital.** This can serve as a step-down area where they remain for 14 days with no symptoms (instead of integrating as usual to a long-stay apartment).