Coronavirus / COVID-19
Preparedness Plan

Guidance and recommendations compiled from the Centers for Disease Control and Prevention and the World Health Organization.

Updated 03/20/2020

The coronavirus / COVID-19 situation is rapidly changing.

All recommendations in this document are based on guidelines provided by the Centers for Disease Control (CDC).

Always follow any guidance or instructions from health care providers; local or state health departments; state regulatory agencies; and your organization’s policies and procedures.
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Introduction

The information contained herein is adapted from the Centers for Disease Control and Prevention and the World Health Organization. The Coronavirus situation is rapidly changing. Follow any guidance or instructions from health care providers; local or state health departments; state regulatory agencies; and your organization’s policies and procedures.

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. 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.

There is no specific antiviral treatment nor vaccine for COVID-19 at this time. People with COVID-19 should receive treatment and care to help relieve symptoms.

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 can include:

- Fever
- Cough
- Shortness of breath / difficulty breathing

Currently the CDC believes that symptoms can appear between 2-14 days after exposure.

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. Restricting activities and dining services
6. Environmental cleaning
7. Use of personal protective equipment
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.
   a. Necessary medical personnel will be allowed in the community (home health, hospice, etc.)
   b. Families should be allowed to visit for certain compassionate care situations, such as an end-of-life situation.
   c. In some states/counties more advanced restrictions on visitors may be required, such as travel based restrictions.

3. If someone is visiting, they should limit their visit to the resident’s apartment only. They should not spend time in common areas or have contact with other residents. Always practice social distancing.

4. Use technology to help family members communicate with residents. This can include telephone, video conferences, or mobile devices (e.g., Facetime).

5. Post appropriate signage informing people of your visitation policy and reminding them not to visit if they have symptoms of respiratory illness.

6. Ensure hand sanitizer is readily available at entrances.

7. Deliveries from our pharmacy and suppliers should be occur in one gathering place that limits the delivery person from having access to the community.

8. Talk to home health, hospice and other outside agencies to ensure your infection control efforts are being coordinated.
9. 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 daily, including taking temperatures.

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. Supportive staff (e.g., concierge or receptionist) should be trained in the proper technique for taking a temperature, the use of the specific device, and infection control procedures.

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

6. If an employee who works in another senior living community has been 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 health department gives permission for the employee to return to our community.

c. If COVID-19 is confirmed and the employee chooses to no longer work at the other community, the employee should not work at your community until a physician or the health department says that the employee is safe to return.
COVID-19 Screening

<table>
<thead>
<tr>
<th>Community</th>
<th>Name</th>
<th>Date</th>
<th>Shift</th>
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For the safety and wellbeing of our residents, if the answer to any of the following are yes, we ask that you not be in our community at this time. Thank you.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Do you have any symptoms of respiratory illness?</td>
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<tr>
<td>Do you have a fever over 100.4 degrees F?</td>
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<td>Current body temperature as measured by community personnel: ___________</td>
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<td>Do you have a cough?</td>
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<td>Do you have shortness of breath?</td>
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<td>Have you been on a cruise or to any countries designated a Level 3 High Risk country by the CDC in the last 14 days? (China, Iran, Italy, South Korea, Europe, etc)</td>
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<td>Have you been exposed to anyone with COVID-19?</td>
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<tr>
<td>Are you under investigation for COVID-19?</td>
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# COVID-19 Screening Log

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<tr>
<th>Date</th>
<th>Time</th>
<th>Temp</th>
<th>Cough</th>
<th>Difficulty Breathing</th>
<th>Out of community since last check (If yes fill out full screening form)</th>
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Move Ins / Returning Residents

At this time, communities are continuing to accept move ins when otherwise appropriate, unless specifically restricted by a state or local health department or licensing agency. There are two primary reasons for this:

1. We provide an essential service to our residents. Support with activities of daily living, medication management, meals/nutrition, and so much more.

2. As hospitals and skilled nursing facilities prepare to accommodate COVID-19 patients they will be looking to discharge their current patients. Our communities may be asked to perform a critical role in providing an alternative setting for these individuals.

Continue to follow all state and local health department guidelines.

Protocols for New Move In:

1. Assess the resident prior to move in according to normal policies.
   a. 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. 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 our resident is safe to return / not suspected for COVID-19.

4. Do not allow the resident to move into a shared apartment unless it is a spouse/couple.

5. Screen newly admitted residents for signs and symptoms every shift for 14 days.
6. Continue with all other restrictions on visitors, dining, activities, and social distancing.
Culinary

1. In some states and counties health departments are recommending specific restrictions on dining and other group activities. Follow all recommendations from your health department.

2. It is recommended to either suspend communal dining or at a minimum limit communal dining to small groups with good social distancing between residents.

3. If suspending communal dining due to outbreak, community wide isolation, or health department mandate:
   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.
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.

2. Staff delivering meals should not enter the apartment when delivering meals.
   - 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:
   - Should not be taken into resident apartments at any time.
   - 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:
   - 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. Properly disinfect supplies between use or avoid using shared supplies.

5. Discontinue visiting activity groups, such as outside performers or volunteers.

6. Discontinue family nights and similar large gatherings. Take these to an electronic format, such as a webinar or conference call to facilitate communication.

7. In some state/county health departments are recommending further restrictions on dining and other group activities. Follow all recommendations from your health department.
1. Routinely clean and disinfect frequently touched surfaces (e.g., doorknobs, light switches, countertops) with the cleaners typically used.

2. Clean and disinfect dining areas between meals.

3. Use an appropriate EPA-registered disinfectant. More information on disinfectants is available here:

   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.

5. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
Personal Protective Equipment

1. The CDC recommends making the following personal protective equipment available in areas where resident care is provided:
   a. Facemasks
   b. Gowns
   c. Gloves
   d. Eye protection (i.e., face shield or goggles)

2. Regarding Facemasks:
   a. The CDC does not recommend that people who are well wear a facemask at all times/in the general to protect themselves from respiratory diseases, including COVID-19.
   b. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.
   c. Facemasks should be used by people caring for someone who shows symptoms of COVID-19.

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. 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
PPE: N95 Respirators vs Facemasks

**Per the FDA:** An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles. If properly fitted, the filtration capabilities of N95 respirators exceed those of face masks. However, even a properly fitted N95 respirator does not completely eliminate the risk of illness or death.

**Per the CDC:** N95 respirators are recommended during contact with residents with suspected or known COVID-19 only if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP. **Due to limited supply, a disposable surgical/isolation facemask is acceptable per CDC guidelines.**

![Surgical/Isolation Facemask](image1)
![N95 Respirator](image2)
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:

<table>
<thead>
<tr>
<th>Proximity to the resident during encounter</th>
<th>Facemask or Respirator Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident Masked</strong></td>
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<tr>
<td>Resident wears a facemask for entire encounter (i.e., with source control)</td>
<td></td>
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<tr>
<td><strong>Unmasked Resident</strong></td>
<td></td>
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<tr>
<td>Resident is unmasked or the mask needs to be removed for any period of time during the patient encounter</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Staff person will be within 3 to 6 feet of symptomatic resident</th>
<th>Facemask</th>
<th>Facemask</th>
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</thead>
<tbody>
<tr>
<td>Staff person will be within 3 feet of symptomatic resident, including providing direct resident care</td>
<td>Facemask</td>
<td>N95 Respirator</td>
</tr>
<tr>
<td>Staff person will be present in the room during aerosol generating procedures performed on symptomatic persons</td>
<td>N95 Respirator</td>
<td>N95 Respirator</td>
</tr>
</tbody>
</table>
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 is the practice of wearing the same facemask for repeated close contact encounters with several different residents, without removing the facemask between resident encounters.

   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. Restrict facemasks to use by staff, rather than residents for source control. Have residents with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.

d. 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. Not all facemasks can be re-used.

1. Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.

2. Facemasks with elastic ear hooks may be more suitable for re-use.

iv. 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.

e. 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

f. 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: Prioritize the use of gowns for the following activities.

   i. During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures

   ii. During the high-contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.

e. Crisis Capacity: **When no gowns are available:**

   i. Disposable laboratory coats

   ii. Reusable (washable) patient gowns
iii. Reusable (washable) laboratory coats

iv. Disposable aprons

v. Combinations of clothing: Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:

1. Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats

2. Open back gowns with long sleeve patient gowns or laboratory coats

vi. Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats

vii. 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. Crisis Capacity: Consider using safety glasses that have extensions to cover the side of the eyes.

e. 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.
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
   - 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. Be prepared to communicate with the media should you be approached. Focus on letting everyone know you are following CDC and health department guidelines.
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.

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

7. 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. Follow all directions from the health department and the resident’s physician.

2. 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).
   b. If necessary, residents with symptoms will be grouped together (for example, in memory care) and staffing assignments will be dedicated to that area.

3. Prohibit all visitors unless medically necessary.

4. Screen/monitor all residents and staff for signs and symptoms on each shift.

5. Continue to follow standard, contact, and droplet precautions. This includes the use of appropriate personal protective equipment, including gloves, disposable gown, mask, and eye protection.
   a. Staff should wear facemasks at all times while in the community.
   b. Staff should utilize full PPE (gloves, gown, mask, eye protection) during care with all residents.

6. If a resident requires a higher level of care or you cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation.
7. Continue to follow all other precautions already in place regarding visitors, activities, dining, etc.

8. Continue these precautions until advised to discontinue by the health department.
Confirmed COVID-19 – Staff

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

1. Contact the health department immediately.

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. Prohibit all visitors unless medically necessary.

6. Screen/monitor all residents and staff for signs and symptoms on each shift.

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

8. Continue these precautions until advised to discontinue by the health department.
Staff Returning to Work After **Suspected** COVID-19

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

1. Contact the health department and follow all directions.

2. 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.

3. **If the employee is tested** for COVID-19 they should not return to work until results of testing are confirmed negative, all symptoms are resolved, and a healthcare provider confirms they can return to work.

4. **If the employee is NOT tested** for COVID-19 they should not return to work until:
   
   a. 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
   
   b. At least 7 days have passed since symptoms first appeared

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 Contact with 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:


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

If a staff member has had contact with suspected COVID-19 but the staff member is ASYMPTOMATIC:

1. Follow any direction from your health department.

2. The staff member should continue to work.

3. The staff member should take appropriate precautions until 14 days after exposure, including:
   
   a. Wear a facemask while at work.
   
   b. Screen/monitor for symptoms at least twice a day and at the beginning of every shift.
   
   c. If possible, assign the staff member to duties that do not involve direct resident care.

4. If the staff member develops symptoms consistent with COVID-19 they should immediately stop work, isolate at home, and seek medical care.
5. 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.

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

- CDC Checklist for Preparing the Home
  (May be a helpful for staff who are wondering what to do at home)

- CDC Travel Guidelines