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.
# Table of Contents

Introduction ..................................................................................................................... 3  
Visitors ............................................................................................................................ 7  
Screening of Residents, Staff, and Visitors ................................................................. 10  
Move-Ins / Returning Residents .................................................................................... 14  
New Move-Ins and Returning Residents COVID-19 Screening ..................................... 18  
Culinary ........................................................................................................................... 19  
Activities and Outings .................................................................................................... 23  
Environmental Cleaning and Disinfection ..................................................................... 25  
Personal Protective Equipment ...................................................................................... 26  
Fit Testing of N95 Respirators ..................................................................................... 30  
PPE Shortages / Optimizing Supply .............................................................................. 35  
If a Resident Has Symptoms ......................................................................................... 41  
Confirmed COVID-19 – Resident(s) .............................................................................. 43  
Clearing Residents with COVID-19 from Transmission-Based Precautions .............. 46  
Cohortting ....................................................................................................................... 48  
Confirmed COVID-19 – Staff ....................................................................................... 50  
Staff Returning to Work Criteria ................................................................................... 53  
Staff Exposure to COVID-19 ....................................................................................... 55  
COVID-19 Testing ......................................................................................................... 58  
Nasal Swab (Anterior Nares) Specimen Collection ...................................................... 62  
Abbot BinaxNOW Antigen Test .................................................................................... 63  
Staffing Backup Plan ..................................................................................................... 69  
Shelter in Place ............................................................................................................... 70  
Memory Care ................................................................................................................ 72  
Training Webinar Videos .............................................................................................. 75  
Additional Resources ................................................................................................... 76
Introduction

The information contained herein is adapted from the Centers for Disease Control and Prevention and the World Health Organization. The Coronavirus situation is frequently 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.

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:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
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.

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.
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. All persons entering the community must be screened for signs and symptoms or possible exposure to COVID-19. Use the visitor screening form.

3. **Essential Visits Only:** If your community is prohibiting visitors, follow these guidelines:
   
   a. Restrict visitation of all visitors and non-essential personnel.
      
      i. Necessary medical personnel will be allowed in the community (home health, hospice, etc.)
      
      ii. Families should be allowed to visit for certain compassionate care situations, such as an end-of-life situation.
      
      iii. In some states/counties more advanced restrictions on visitors may be required, such as travel based restrictions.
   
   b. If someone is making an essential visit, they should:
      
      i. Wear a mask while in the community, and use all other PPE as needed in accordance with CDC guidelines.
      
      ii. Limit their visit to the resident’s apartment only.
      
      iii. Not have contact with other residents.
      
      iv. Limit contact with staff members.
      
      v. They should not spend time in common areas and always practice social distancing.
      
      vi. Limit the number of visitors to avoid overcrowding the apartment.
c. **End of life / Compassionate Care Visits**

   i. Visits are allowed for end of life situations. This visit must occur following the essential visitor practices (screening, masks, etc.).

   ii. Whether a resident on hospice is at the stage to require an end of life visit should not be decided by community staff. Ultimately the decision as to whether a resident is at this point should be made by either the hospice agency and/or the resident’s physician. If they indicate that a resident is at that point, the community should work with the family/responsible party to develop a visitation plan/schedule that is appropriate for the resident.

4. **Non-Essential Visits Allowed**: If your state/county is allowing visitors, follow these guidelines:

   a. Only allow non-essential visits if all of the following conditions are met:

      i. It is allowed by your state/county.

      ii. There have been no cases of COVID-19 in your community in the past 14 days.

      iii. Your community has adequate supplies of PPE and cleaning supplies.

      iv. Your community has adequate access to COVID-19 testing.

   b. Limit visits to outdoor spaces unless weather or other factors make this unsafe.

   c. Visits must be scheduled in advance.

   d. Limit the number of people in the community at one time to a manageable number.
e. Visitors must wear a facemask at all times while in the community.

f. Visitors must be screened for signs and symptoms or possible exposure to COVID-19. Use the visitor screening form.

g. Visits should occur in an area where visits can be managed/monitored, preferably outdoors.

h. Limited visitors must follow social distancing guidelines. This includes staying at least 6 feet away from the resident they are visits.

i. Clean and disinfect visitation areas between visits.

j. Visitors may not participate in small group dining or activities.

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, 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. Essential medical visits:

a. Essential medical personnel (home health, hospice, therapy, lab services, etc.) should also be screened for signs and symptoms or possible exposure to COVID-19.

b. These personnel may have worked in other settings where there are active cases of COVID-19. When screening them for exposure staff should specifically inquire if they have had:

   Prolonged close contact with someone who has confirmed COVID-19 without wearing appropriate PPE (gloves, mask, eye protection, and gown)

   If they have had this type of exposure they should not be permitted to enter the community.

c. Per the CDC, prolonged close contact is exposure within 6 feet or a person with confirmed COVID-19 for 15 minutes or longer.
COVID-19 Screening

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<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, please speak with the Executive Director or supervisor. Thank you.

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<thead>
<tr>
<th>Question</th>
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| Do you have a fever?  
Current body temperature as measured by community personnel: ____________ |     |    |
| Do you have symptoms of COVID-19?  
- Fever or chills  
- Fatigue  
- Congestion  
- Headache  
- Cough  
- Sore throat  
- Runny nose  
- Diarrhea  
- Shortness of breath  
- Muscle or body aches  
- New loss of taste or smell  
- Nausea or vomiting |     |    |
| Have you traveled 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?  
Exposed is defined as being within 6 feet for 15 minutes or more without wearing appropriate personal protective equipment. |     |    |
| Staff and healthcare personnel: Have you had prolonged close contact with active cases of COVID-19 in another community/facility in the last 14 days without wearing proper PPE (gloves, gown, mask, eye protection)? |     |    |
| Are you under investigation for COVID-19? |     |    |
# COVID-19 Screening Log

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Temp</th>
<th>Any symptoms of COVID-19? (fever, cough, shortness of breath, difficulty breathing, chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, nausea, vomiting, diarrhea)</th>
<th>Out of community since last check (If yes fill out full screening form)</th>
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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 test and/or 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 and confirm a negative result.

   a. If the resident was previously positive and has recovered, per the CDC they should not be retested within three months after the date of onset for initial infection. In these situations, confirm in writing with the resident’s
primary care provider that they are recovered and do not require retesting or further isolation precautions.

4. Screen the resident for any potential recent exposure to COVID-19.
   
   a. If the resident is coming from an acute care or skilled nursing facility, confirm that there wasn’t exposure to COVID-19 while at the facility.
   
   b. When in doubt, request 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.
   
   a. If the resident is requesting a shared apartment for financial or availability reasons, the resident should move into a private unit for the first 14 days.
   
   b. After 14 days the resident could transfer to a shared apartment assuming he/she has not displayed symptoms of COVID-19.

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.

**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:

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.)

iii. A resident who has left the community for a necessary appointment but was not gone overnight and was not potentially exposed to COVID-19 is not considered a “returning resident” for the purposes of quarantine requirements.

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 entering the apartment will wear appropriate PPE in accordance with CDC extended use guidelines. This includes a mask, gloves, and eye protection. Staff should wear a gown if close contact is expected.

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.

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.
New Move-Ins and Returning Residents
COVID-19 Screening

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Date of Birth</th>
<th>Moving From</th>
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For the safety and wellbeing of our residents, please confirm the following:

**COVID-19 SYMPTOMS OR EXPOSURE**

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Is your patient currently displaying symptoms of COVID-19?</td>
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<tr>
<td>Has your patient had a known exposure to COVID-19 in the past 14 days?</td>
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<tr>
<td>Does your patient require isolation precautions at this time?</td>
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</table>

**COVID-19 TESTING STATUS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Has your patient had a viral test (nucleic or antigen) for COVID-19?</td>
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<tr>
<td>Date of Test:</td>
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<tr>
<td>Result of Test:</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>If your patient previously tested positive for COVID-19, are they now recovered and no longer require isolation precautions according to CDC criteria?</td>
<td>Yes</td>
<td>No</td>
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</table>

<table>
<thead>
<tr>
<th>Physician/Provider Name</th>
<th>Signature</th>
<th>Date</th>
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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 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. **Communal dining**:
   a. Suspend communal dining if there have been cases of COVID-19 in your community within the past 14 days.
   b. Again, follow your state and local health department guidelines.
   c. Residents must remain 6 feet apart, including while seated. Residents who live in the same apartment (couples, spouses, etc.) may eat together and be closer than 6 feet apart.
   d. Residents must wear facemasks when entering and exiting the dining room.
e. If necessary, utilize alternative spaces to accommodate multiple small groups. This could include conference rooms, unoccupied apartments, model apartments, separate bistro areas, etc.

f. Ensure residents perform hand hygiene upon entering the dining room. Making alcohol based hand sanitizer available can help facilitate this.

g. Offers meal service directly in resident apartments for those that choose that option.

h. Prioritize including residents who require supervision/assistance in the small groups.

i. 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.

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. 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.).

4. Delivering food to the apartment of a resident **without suspected COVID-19**:
   a. Follow all recommendations for masks and PPE.
   b. Perform hand hygiene and don gloves.
   c. Avoid entering the resident’s apartment when delivering meals if possible. This can be accomplished by leaving the meal try on a shelf/table outside the resident’s apartment. If that is not possible, minimize contact with the resident while delivering the meal inside the apartment.
   d. Remove gloves and repeat hand hygiene if you have contact with the resident or any surfaces in their apartment.
   e. Remove gloves and repeat hand hygiene after delivering meals.

5. Delivering food to the apartment of a resident **with suspected or confirmed COVID-19**:
   a. Perform hand hygiene.
   b. Don PPE (gloves, gown, respirator/mask, and eye protection).
   c. Announce presence to resident.
   d. Avoid entering the resident’s apartment when delivering meals if possible. This can be accomplished by leaving the meal try on a shelf/table outside
the resident’s apartment. If that is not possible, minimize contact with the resident while delivering the meal inside 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 in accordance with local guidelines.

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 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

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. Clean and disinfect dining areas between meals (if/when dining rooms are still in use).

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. Facemasks
   a. Staff should wear a facemask at all times while they are in the community, including in breakrooms or other spaces where they might encounter co-workers.
   b. In accordance with CDC extended use guidelines, staff should wear the same facemask through their entire shift, unless it becomes damaged or soiled.

2. N95 Respirators
   a. Per the CDC: N95 respirators are recommended during contact with individuals with suspected or known COVID-19.
   b. If an N95 respirator is not available, both the resident and staff member should wear a surgical mask during the encounter.
3. Cloth Face Coverings
   
a. Residents should wear a cloth face covering when outside of their apartment or around other residents, staff, or visitors.

   b. Visitors (when approved) should wear a cloth face covering while in the community or on the property.

4. Gloves should be used in accordance with standard precautions.

5. Gowns and eye protection should be used in accordance with contact and droplet precautions.

6. Donning (putting on) full personal protective equipment:
   
a. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).

   b. Perform hand hygiene.

   c. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other personnel.

   d. Put on N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between residents.

      i. Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
ii. Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.

e. Put on face shield or goggles. When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.

f. Put on gloves. Gloves should cover the cuff (wrist) of gown.

g. You may now enter resident room.

7. Doffing (removing) full personal protective equipment:

a. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).

b. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*

c. You may now exit resident room.

d. Perform hand hygiene.

e. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
f. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.*

i. Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.

ii. Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.

g. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.

h. In some cases under extended use or cohorting, your facemask/respirator and eye protection may be worn throughout the entire shift.

8. 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.

9. 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.

10. Be prepared to implement CDC extended use guidelines in the section of this plan labeled “PPE: Shortages / Optimizing Supply”

11. 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
Fit Testing of N95 Respirators

If a staff member is required to wear an N95 respirator CDC guidance and OSHA regulations require they have a medical evaluation and 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. You can view the full strategies here: https://blogs.cdc.gov/niosh-science-blog/2020/04/01/fit-testing-during-outbreaks/

OSHA has issued an enforcement memo on March 14, 2020 and a further clarifying memo on April 8, 2020 that recognize the challenges related to fit testing and access to PPE during the COVID-19 pandemic. The memos state in part, “OSHA field offices will exercise enforcement discretion concerning the annual fit-testing requirements, as long as employers have made good-faith efforts to comply with the requirements of the
Respiratory Protection standard.” Communities should make every effort possible comply with the fit testing requirements and document those efforts.

Medical Evaluation

1. Prior to initial use, medical evaluations shall be provided to employees required to use a respirator.

2. Additional medical evaluations are required under any of the following circumstances:
   a. If an employee reports medical signs or symptoms related to ability to use respirator
   b. If the physician or other licensed healthcare provider, program administrator, supervisor recommends reevaluation
   c. If information from the respirator program, including observations made during fit testing and program evaluation, indicates a need
   d. If a change occurs in workplace conditions that may substantially increase the physiological burden on an employee.

3. The medical evaluation will be in accordance with OSHA standards and may be completed a physician or other licensed healthcare professional, such as a registered nurse or physician's assistant.

4. Medical evaluations should be completed at the time of hire for new employees, and as soon as possible for existing employees at the time this policy was implemented.

5. If the employee does not pass the medical evaluation, they will not be able to wear a respirator and should not be assigned to provide service to or around COVID-19 positive individuals.
Fit Testing

1. After receiving medical clearance, the employee must pass a respirator fit test.

2. Fit testing should be performed before initial use of a respirator, annually thereafter, and whenever conditions (such as employee’s physical condition) change that could affect respirator fit.

3. Waiting for the availability of fit testing equipment should not delay the use of N95 respirators when caring for residents with active COVID-19.

4. Only individuals who have received appropriate training may conduct the fit testing.

5. The fit test shall be administered using the OSHA-accepted protocol found in Appendix A in 29 CFR 1910.134, the OSHA respirator standard.

6. Fit testing requires the respirator user to handle the respirator, have it fitted properly, test the face piece-to-face seal, and to wear it in normal air for a familiarity period.

7. The fit test must be performed using the same make, model, style, and size respirator the employee will use.

Respirator Training - Key Points

All employees will receive training before using a respirator. Training will include the key points:

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 nose clip (a thin metal bar at the top of the device), use your fingertips from both hands to mold the nose clip 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/staff_person/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. Check with your local health department to access any backup supplies of PPE that may be available.

   d. 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. **N95 Respirators**

   a. Do not use unnecessarily. Follow all guidelines in this plan for when to use N95 respirators.

   b. Refer to CDC guidance on extended use and reuse of N95 respirators: [https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html)

   c. Consider use of a cleanable face shield over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.

   d. The N95 respiratory should be removed and discarded if soiled, damaged, or hard to breathe through.

   e. Discard N95 respirators following use during aerosol generating procedures (rarely performed in most senior living communities).

   f. Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids.

   g. Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly. N95 respirators must only be used by a single wearer.

   h. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).

   i. Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
j. Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

k. Follow manufacturer guidance regarding how many times you can reuse an N95 respirator. If no manufacturer guidance is available, the CDC suggests limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin.

3. Facemasks

a. Implement extended use of facemasks – wear the same facemask for repeated close contact encounters with several different residents, without removing the facemask between resident encounters. Typically, a mask could be worn throughout an entire shift.

b. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.

c. Staff must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene.

d. Staff should leave the resident care area if they need to remove the facemask.

e. 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.

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., cloth, bandana) as a last resort. However, homemade masks are not considered PPE, since their capability to protect STAFF PERSON 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.

4. 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. 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 STAFF PERSON. 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** consider using:

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.

5. **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 of otherwise have contact with the resident.

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.

2. Residents who are COVID-19 positive must isolate to his/her apartment. If they must leave the apartment for any reason (such as for medical care) they should wear a mask and avoid contact with others.
   a. Follow standard, contact, and droplet precautions.
   b. Place a sign on the door of any resident who is under isolation.
   c. Keep the apartment door closed.
   d. Place resident(s) on alert monitoring/charting every shift until cleared of COVID-19.
   e. Anyone entering the apartment of a resident with confirmed COVID-19 must utilize full PPE, including:
      i. Gloves
      ii. Gown - If gowns are being subject to extended use, they must not be re-used between confirmed COVID-19 diagnosed residents and other residents.
      iii. N95 or higher-level respirator (or facemask if a respirator is not available)
      iv. Eye protection
   f. Ensure PPE and hand sanitizer is readily available to persons entering the apartment and that it is disposed of or stored appropriately.
i. It can be helpful to store the PPE and hand sanitizer in a small cart such as the one below right outside the apartment of any resident who is being quarantined/isolated:

![Image of a small cart](image.png)

ii. If you have residents who attempt to get in the cart (such as in memory care) you may be able to secure it using “child locks” or it may be necessary to store the PPE in a more secure area.

iii. Place trash can with a lid inside the apartment for disposal of PPE prior to exiting the room.

   g. Follow CDC extended use guidelines for PPE as described in this plan as necessary.

3. Encourage all other residents to self-quarantine in their apartments (to the extent possible) 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).

   b. Suspend communal dining and activities.

4. If possible, assign dedicated staff to care for COVID-19 positive residents.
5. Cohorting - If necessary/possible, consider groupings residents with COVID-19 together in a dedicated area of the community. See the cohorting plan section for more information.

6. Memory Care: As it may be challenging to restrict residents to their rooms, implement universal use of eye protection and N95 or other respirators (or facemasks if respirators are not available) for all personnel when on the unit to address potential for encountering a wandering resident who might have COVID-19.

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. 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.

9. Continue to follow all other precautions already in place regarding visitors, masks, hand hygiene, social distancing, etc.

10. Initiate a COVID-19 Line List for tracking purposes.

11. Notify all staff, residents, and family/responsible parties.

12. Notify your state licensing agency as required.

13. Continue these precautions until advised to discontinue by the health department. Typically, this will be for at least 14 days.
Clearing Residents with COVID-19 from Transmission-Based Precautions

The following protocols will be followed to remove a resident from isolation precautions due to being COVID positive:

1. Resident with mild to moderate illness:
   a. At least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved

   and

   b. At least 14 days have passed since symptoms first appeared

2. If the resident did not have any symptoms:
   a. 14 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.

3. Resident with severe to critical illness or who is severely immunocompromised:
   a. At least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved

   and

   b. At least 20 days have passed since symptoms first appeared

4. Per the CDC, except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based
Precautions. Follow the guidance provided by the health department and/or the resident’s physician.

5. When released from isolation the resident’s apartment and belongings will be cleaned and disinfected using an EPA-approved disinfectant.

6. If the resident was placed in COVID-19 cohort unit, his/her belongings will be cleaned and disinfected before being returned to their normal apartment/unit.

7. The criteria to remove residents from isolation and transmission-based precautions will be confirmed with the health department and/or the resident’s physician.
Cohorting

If necessary/possible, consider grouping 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 unit/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 and follow all directions.

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. 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.

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


8. Notify all staff, residents, and family/responsible parties.
9. Notify your state licensing agency as required.

10. Continue these precautions until advised to discontinue by the health department.
COVID-19 Line List

Please list all residents AND staff members with COVID-19 respiratory symptoms.

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>DOB</th>
<th>Unit or Staff</th>
<th>Date of First S/S</th>
<th>Cough (Y/N)</th>
<th>SOB (Y/N)</th>
<th>Highest Temp</th>
<th>Other Symptoms</th>
<th>SARS Cov-2 Test Results / Date</th>
<th>Resp. Panel Result / Date</th>
<th>Hospitalized (Y/N) / Date</th>
<th>Died (Y/N) / Date</th>
<th>Notes</th>
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Staff Returning to Work Criteria

The following protocols will be followed to allow an employee to return to work after being COVID positive:

1. Always follow any guidance given by your health department.

2. The staff member should not remain in the community with suspected or confirmed COVID-19.

3. The CDC does not recommend retesting staff who were previously positive to clear them to return to work. Rather, it is recommended to use the criteria below.

4. **Confirmed positive with mild to moderate illness** – may return when:
   a. At least 10 days have passed since symptoms first appeared \textit{and}
   b. At least 24 hours have passed since last fever without the use of fever-reducing medications \textit{and}
   c. Symptoms (e.g., cough, shortness of breath) have improved

5. **Confirmed positive but have not had any symptoms** – may return when:
   a. At least 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.

6. **Confirmed positive with severe to critical illness** – may return when:
   a. At least 20 days have passed since symptoms first appeared \textit{and}
   b. At least 24 hours have passed since last fever without the use of fever-reducing medications \textit{and}
   c. Symptoms (e.g., cough, shortness of breath) have improved
7. Staff who are severely immunocompromised should use the 20 day criteria when determining return to work.

**When the individual returns to work, they should:**

1. 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.

2. Be restricted from contact with severely immunocompromised residents (e.g., transplant, hematology-oncology) until 14 days after illness onset.

3. 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).

4. Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

5. 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:


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 14 days after last exposure or tested and seek appropriate medical care.

   a. Prolonged close contact is defined by the CDC as being within 6 feet of a person with COVID-19 for at least 15 minutes without wearing proper PPE.

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. Unless directed otherwise by the health department or other health professional, the staff member may continue to work.

      ii. 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.
   
   iii. 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.).

4. Lives with Someone with Confirmed COVID-19

If an employee lives with someone who has confirmed COVID-19, the employee should not return to work until:

   a. The person they live with is cleared of COVID-19 precautions/isolation
b. They change their living arrangements to no longer live with the person who is COVID-19 positive.

**After** either option a or b above, they must either be cleared with a negative COVID-19 test or wait the 14-day quarantine period before returning to work.

As always, defer to any guidance provided by your local health department.
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 make a diagnosis.

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.

What Type of Test?

Testing for current infection requires a “viral test.” Viral tests (nucleic acid or antigen tests) check samples from the respiratory system, such as a swab from the inside of the nose, to determine if the person currently has an infection with SARS-CoV-2, the virus that causes COVID-19. Some tests are point-of-care tests, meaning results may be available at the testing site in less than an hour. Other tests must be sent to a laboratory to analyze, a process that takes 1–2 days once received by the lab. The CDC does not recommend using antibody testing alone for diagnostic purposes.

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

Some health departments or healthcare providers may recommend testing of all residents and staff in the community. This is most often done in response to confirmed cases in the community or as part of a surveillance program. The health department or healthcare providers should help the community determine who should be tested.

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. Follow all guidance provided regarding who, when, and how often to retest.

Per the CDC, for persons previously diagnosed with COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of onset for the initial COVID-19 infection.

Collecting Testing Specimens

The CDC recommends using an upper respiratory specimen. Confirm with the lab providing the testing kits which of the following should be used:
   - Nasopharyngeal
   - Oropharyngeal
   - Nasal mid-turbinate swab
   - Anterior nares (nasal swab)
The nasal swab is generally the least invasive and easier specimen collection method.

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. 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 professional.
   a. Anterior nares (nasal swab) specimens may be collected by nurses, med techs, or similarly qualified individuals with appropriate training. These individuals must be trained by a nurse or other appropriately licensed professional. Poor specimen collection technique can contribute to inaccurate test results. Always document training.
   b. Anterior nares specimens can also be self-collected when necessary and appropriate.
   c. All other specimens should 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. Use the line list form to track tests collected/submitted.

5. Collecting swabs/samples:
   a. Staff taking the testing sample should be in appropriate PPE (gloves, gown, N95 respirator, 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.

6. 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.

7. Return samples to the lab for processing immediately.

8. Coordinate with the lab and MD/PCP to receive and interpret results. Community staff should not attempt to interpret a test result and/or make a diagnosis.
Nasal Swab (Anterior Nares) Specimen Collection

Follow these procedures to collect a shallow nasal (anterior nares) specimen for COVID-19 diagnostic testing. A short training video on this procedure can be viewed at: https://vimeo.com/436943467/b66cdddb48a

1. Follow any instructions provided by the lab or health department and prepare all paperwork and supplies.

2. Perform hand hygiene and don PPE, including gown, N95 respirator, eye protection, and gloves.

3. Ask the individual to blow their nose.

4. Use a single swab for collecting specimens from both nostrils.

5. Insert swab at least 0.5 inch into the nostril. Stop if you feel resistance.

6. Once the swab is in place, rotate it in a circular keeping in place for 10-15 seconds.

7. Repeat this step for the second nostril using the same swab.

8. Remove swab and insert the swab into the transport tube provided by the lab. Be cautious not to touch the swab to any other surfaces.

9. Ensure the tube is properly labeled and return to the lab with all necessary paperwork.
Abbot BinaxNOW Antigen Test

Specific guidance for the use of antigen testing in assisted living has not been provided by the CDC, FDA, or CMS. The recommendations contained here are based on the best guidance currently available, including the CDC recommendations for nursing homes. Always follow direction from the individual’s physician and/or your health department regarding COVID-19 testing.

BinaxNOW is a rapid antigen test produced by Abbott with FDA emergency use authorization to detect current infection with SARS-CoV-2, the virus that causes COVID-19.

The benefits of this test include low cost; it can be used at the point-of-care, without sending specimens to a lab for processing; and it provides results in approximately 15 minutes.

The FDA has authorized the test to be used for diagnostic testing in symptomatic person with the first 5-7 days of symptom onset. However, the FDA, CMS, and CDC recognize the value of rapid test results is congregate settings, such as assisted living, and have issued guidance that allow for the test to be used in asymptomatic persons. In certain circumstances it will be necessary to confirm an antigen test results with a RT-PCR test.

1. CLIA Waiver

   a. If an assisted living community wants to perform BinaxNOW antigen tests onsite must have a CLIA Waiver. Normally a laboratory must be CLIA Certified. As your assisted living community is not a laboratory, and will only be performing low-complexity testing, you will submit for a CLIA Waiver. In most states the waiver exempts your community from personnel requirements, proficiency testing, and routine onsite inspections that are normally required of laboratories. This will vary by state, so confirm with your state agency.
b. Before applying for your waiver, review the CMS guidelines on waived tests here: https://www.cdc.gov/clia/docs/waived-tests/15_255581-test-or-not-test-booklet.pdf


d. Lab Director

   i. Be aware that the form CMS-116 will ask you to designate a “lab director.” This is the individual who will oversee the use of the test in your community. Keep in mind the term “lab director” can be a bit misleading, as of course your assisted living community is not a “lab” in the traditional sense. That is one of the purposes of the CLIA Waiver, to confirm with the state and federal government that you are only performing low complexity waived tests.

   ii. In some states there may be specific qualifications for the lab director, such as being a physician. Federal regulations do not have specific qualifications for the director when only performing waived tests, so confirm with your state.

   iii. If your state does not have specific qualifications for the director, list a designated representative of the community who will be responsible for overseeing testing. This might be a medical director (if you have one), your nurse, or in some cases your executive director.

   iv. An individual can only serve as the director for no more than five laboratories.

e. Submit the completed CMS-116 to your local State Agency that oversees laboratories.
i. Some state agencies may require other information in addition to the CMS-116. Most do not.


iii. Some states may have additional fees that must be submitted along with the application. In other states, the only fee paid is to CMS after your application is processed.

2. Training

   a. The Abbott BinaxNOW test should be performed by a licensed medical professional (e.g., RN, LPN, LVN) who has received appropriate training.

   b. Anyone performing the test should complete all training available from Abbott at: https://www.globalpointofcare.abbott/en/support/product-installation-training/navica-brand/navica-binaxnow-ag-training.html

   c. Document training in the personnel record.

3. Performing Tests

   a. The person administering the test should wear appropriate PPE while performing the tests, as described elsewhere in this plan.

   b. Review and follow the manufacturer’s instructions for the storage, use, and quality control.

   c. Our staff should never make a medical diagnosis or treatment decisions. Confirm results of the test with the individual’s physician or the health department.

   d. Treat the used test kit and supplies as biohazard waste.
e. Provide the individual with a copy of the manufacturer’s patient fact sheet along with their results.

f. Report results to your state or local public health department.

4. Test Results

a. Our staff should never make a medical diagnosis or treatment decisions. Confirm results of the test with the individual’s physician or the health department.

b. Antigen tests are generally approved for use in symptomatic persons. However, the FDA has provided the following interim guidance:

When screening asymptomatic individuals…consider using a highly sensitive test, especially if rapid turnaround times are available. If highly sensitive tests are not feasible, or if turnaround times are prolonged, health care providers may consider use of less sensitive point-of-care tests, even if they are not specifically authorized for this indication (commonly referred to as “off-label”). For congregate care settings, like nursing homes or similar settings, repeated use of rapid point-of-care testing may be superior for overall infection control compared to less frequent, highly sensitive tests with prolonged turnaround times.

c. The following are based on current CDC guidelines for the use of antigen tests in nursing homes, as assisted living specific guidance is not currently available.

d. Symptomatic residents or staff:

i. Positive Test: If an antigen test is positive, no confirmatory test is necessary. Follow all recommendations in this plan for COVID-19 positive individuals, including isolation and/or work restrictions.

ii. Negative Test: If an antigen test is presumptive negative, perform a PCR test within 48 hours.
1. Symptomatic residents and staff should be kept in transmission-based precautions or excluded from work until PCR results return.

e. Asymptomatic residents or staff as part of an outbreak response:

   i. Positive Test: If an antigen test is positive, no confirmatory test is necessary. Follow all recommendations in this plan for COVID-19 positive individuals, including isolation and/or work restrictions.

   ii. Negative Test:

       1. If an antigen test is presumptive negative, resident results are considered negative, but all residents should be restricted to their apartments in accordance with outbreak response policies in this plan.

       2. Staff should be allowed to continue to work with continued symptom monitoring. Continue serial viral testing (antigen or PCR) every 3-7 days until no new cases are identified for a 14-day period.

f. Asymptomatic staff in communities without an outbreak:

   i. If an antigen test is positive, perform confirmatory PCR test within 48 hours of the antigen test, especially in counties with low prevalence.

       1. If confirmatory test is performed, the staff person should be excluded from work until confirmatory test results are completed.

       2. If the confirmatory test is positive, exclude the staff person from work and initiate outbreak response.
3. If the confirmatory test is negative, discuss results with the local public health department to determine how to interpret the discordant results and next steps.

ii. If an antigen test is presumptive negative, allow the staff person to continue to work. The staff person should continue to monitor for symptoms.
Staffing Backup 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. Remind and assist residents with frequent handwashing, social distancing, and wearing a cloth face mask (if tolerated).
   a. Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area
   b. Gently redirect residents who are ambulatory and are in close proximity to other residents or personnel.

5. Frequently clean often-touched surfaces, especially in hallways and common areas where residents and staff spend a lot of time.

6. Activities
   a. Continue to provide structured activities, which may need to occur in the resident’s room or be scheduled at staggered times throughout the day to maintain social distancing.
b. While it may be difficult to totally contain residents in memory care to their apartments, make efforts to avoid large group activities to the extent possible. Break residents up into smaller groups and have staff on hand to help redirect residents as possible.

c. Provide safe ways for residents to continue to be active, such as personnel walking with individual residents around the unit or outside.

7. Dining/Meals

a. 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.

b. 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.

c. Use a dedicated food cart for delivering meals/trays to memory care and clean/disinfect it appropriately.

8. 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.

9. Suspected or Confirmed COVID-19 – If it is necessary to isolate a resident in memory care due to suspected or known COVID-19, consider these steps in addition to normal COVID-19 policies:

a. As it may be challenging to restrict residents to their rooms, implement universal use of eye protection and N95 or other respirators (or facemasks if respirators are not available) for all personnel when on the unit to address potential for encountering a wandering resident who might have COVID-19.
b. Moving residents with confirmed COVID-19 to a designated COVID-19 care unit can help to decrease the exposure risk of residents and staff.

c. Additionally, at the time a resident with COVID-19 or asymptomatic infection has been identified, other residents and personnel on the unit may have already been exposed or infected, and additional testing may be needed.

d. If due to cognitive impairments it is not possible to isolate the resident, it may be necessary to 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.

10. Follow all directions from your public health department.
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](https://vimeo.com/400768570/0b8824ca75)

- COVID-19 Standard, Contact, and Droplet Precautions
  [https://vimeo.com/400775922/7fd755b759](https://vimeo.com/400775922/7fd755b759)

- COVID-19 Personal Protective Equipment
  (Includes CDC extended use guidelines)
  [https://vimeo.com/400788568/0fdde84d79](https://vimeo.com/400788568/0fdde84d79)

- COVID-19 Responding to Signs and Symptoms
  [https://vimeo.com/400792175/7f5188337e](https://vimeo.com/400792175/7f5188337e)

- CDC Hand Hygiene Video
  [https://youtu.be/d914EnpU4Fo](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)

- CDC Travel Guidelines

- 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