COVID-19

COMMUNITY ACCESS AND INFECTION CONTROL

UPDATED MARCH 24, 2020

Every day, in all types of senior living settings, families, loved ones and others visit with our residents to support, provide essential healthcare services to, and spend time with their loved one. Unfortunately, with the identification of the novel coronavirus and COVID-19, we need to increase our focus on this serious illness for the health and welfare of all involved and balance our love for them and the need to provide services and keep them healthy.

We encourage you to consider, review and implement the appropriate measures as they apply to your community. Also consider in your implementation process directives given by the CDC, CMS, your local health department, and state authorities.

CMS Guidance: https://www.cms.gov/newsroom/press-releases/cms-announces-new-measures-protect-nursing-home-residents-covid-19.

CDC Guidance: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

DISCLAIMER

Argentum, its executive staff and consultants, have attempted to provide the best possible information as a service to the association's membership in a situation that is very quickly evolving and about which so much is unknown. Therefore, Argentum can provide no assurances nor even make any representations about the reliability or accuracy of this information. Each senior living company and each community must make decisions that each regards as in the best interests of the health and safety of the residents. Argentum specifically disclaims responsibility or liability for the information it is providing from any legal, regulatory, medical, or compliance point of view.

The following information has been compiled to assist with decision making on issues related to managing community access and other aspects of infection control.

1. What measures can I implement in an effort to prevent the spread of COVID-19 in my community?

Efforts toward keeping the virus out of the community, to the extent practicable, is the most important first step to keeping residents, employees, other ancillary healthcare providers, and visitors safe.

- a. Upon entering the community have all employees and visitors use hand sanitizer and reinforce the frequent practice of washing hands for at least 20 seconds to remove germs. Employees should be encouraged to wash their hands and use hand sanitizer where soap and water are not available.
- b. Differentiate between the processes of **monitoring** and **screening**.

Monitoring for your purposes may mean posting COVID-19 symptoms signs in your community, and having employees watch and stay hyper vigilant with their observations for anyone with signs or symptoms in the community.

Screening is implemented with employees on a daily basis for everyone working in the community or visiting. Persons showing signs of infection or otherwise failing to meet screening protocols should not be allowed to enter the community.

Have employees take and record their daily temperature. Let employees know to inform the community director immediately if symptoms begin.

Visitors should be screened as they enter the community. Have visitors respond to each question and sign off to an attestation of wellness. This attestation should be co-signed by the staff person who completed the screening.

Questions that may be asked to support screening processes include:

- Are you feeling generally well today?
- Have you visited any other healthcare facilities within the past 14 days?
- Have you traveled internationally within the past 14 days?
- Have you traveled to any areas with known outbreaks within the past 14 days?
- Have you traveled by plane or cruise ship within the last 14 days?
- To the best of your knowledge, have you come into contact with anyone who has tested positive for COVID-19 or has symptoms of COVID-19?
- Have you exhibited any symptoms within the past 24 hours, including fever, sore throat, cough, chills or shortness of breath?

Ask for updated contact information for all visitors at the time of entry, for future use as needed.

(Note: Sample Screening Checklist included at the end of this document)

As COVID-19 becomes more prevalent in your geographic location, have a communication plan to ask families not to visit the community and discuss with residents that trips out of the community are discouraged.

Advise residents that there will be no gatherings of more than ten individuals at the community. Educate the residents on the meaning of social distancing.

Screening third-party providers is also important. These individuals are following physician's orders caring for residents in the community. If a third-party provider is screened out, consider contacting the provider to send an alternate person.

Also consider processes for those residents traveling to other care centers during the week (e.g., hemodialysis patients), and what processes you may implement for their return to your community.

- c. "Well" residents may choose to self-Isolate when there is not a mandatory quarantine.
- d. Keep all screening tool information in a secure location and ensure HIPAA guidelines are followed. It may be helpful to use a tabbed binder for communication forms, screening tools, and maintaining related documentation.
- e. Adopt the language used by the CDC, your local Health Department and specified in state regulations. There have been many terms used by the media to describe distancing oneself from others. In some states the words isolation or quarantine would never be used. Consider, "The community is making arrangements to maintain social distancing with support from residents, family members, and visitors."

2. What measures can I take to help isolate the spread?

- a. Establish a main entry point for every building on your campus.
- b. If an employee, third-party contractor, or resident(s) are showing signs of respiratory illness, insist that the person consult a physician.
- c. Communicate frequently with families during any infectious disease event.
- d. Advise families, volunteers and other nonessential health care personnel to stay away from the community as many residents have underlying conditions that will complicate their recovery if infected.
- e. Residents will be limited in what they can decide in a number of cases if there is a suspected or confirmed case. There are resident decisions and community

- decisions to be made regarding COVID-19. Further, residents vary in their knowledge regarding COVID-19.
- f. Suspend and/or avoid group activities, large events, activities, and communal meals. Consider allowing residents to opt for in-room dining.
- g. Review your infection control policies with your employees, residents, families and visitors.
- h. Follow the direction received from the local health department and stay in touch with CDC, CMS and state agencies.
- Utilize your community or internal corporate support system to provide ongoing and frequent community updates, from the media and the CDC, as to exposure or exposure potential.
- j. Use disposable cups, plates, and utensils if it becomes necessary to confine residents to their rooms.
- k. Review with department directors their inventory and need for Personal Protective Equipment (PPE), such as gloves, masks, gowns, as well as proper disposal of these items.
- I. Review your disinfection products for proper use and effectiveness against emerging viruses.
- m. Review cleaning/disinfection schedules and increase where warranted, focusing on the most frequently used high touch items and surfaces, such as elevator buttons, handrails, doorknobs, etc.
- n. Review labels for proper use of cleaning and disinfection products to ensure effectiveness. Inventory these products to ensure sufficient supply for enhanced cleaning measures.

3. How long does an infected employee need to wait before returning to work?

- a. The CDC has issued Interim Guidance, <u>Criteria for Return to Work for Healthcare</u> Personnel with Confirmed or Suspected COVID-19. This interim guidance includes:
 - i. Two strategies for returning to work that rely on either testing, or time and symptoms.
 - ii. Return to work practices ad worker restrictions
 - iii. Crisis strategies to mitigate staffing shortages

Continue to monitor guidance from CDC for updates.

b. Staff who have traveled out of the country, or to hot-spot area experiencing an outbreak of COVID-19, should be asked to wait 14 days before returning to work.

4. Is it okay for families to stay with the resident during this time, or, take the resident home?

- a. There are currently no specific recommendations on this question. Consider this issue on a case-by-case basis. The resident's care needs are the first consideration.
- b. For residents temporarily leaving the community, be prepared to support transfer and explain policies for returning to the community. It may be prudent to note that return policies could change without notice.

5. Should I cancel community tours and new move-ins at this time?

- The fact remains, there are people who may need the immediate support of assisted living and communities may feel a sense of obligation to serve those in need.
- b. Communities that continue to accept residents should check with their local health departments first and then consider options to limit resident contact during tours.
- c. Consider options for conducting virtual tours. If in-person tours are conducted, consider shortening the tour and evaluate options for avoiding resident contact.
- d. Consider limiting in-person tours to those that are scheduled in advance. Screen for signs/symptoms of COVID-19 prior to permitting prospective residents to come onto community premises. If an interested person walks in unexpectedly, schedule a tour for an appropriate time and perform any necessary health screen before the tour.
- e. If COVID-19 is active in your community, follow state regulations and direction from the local department of health.

SAMPLE SCREENING CHECKLIST FOR COVID 19

NAME:		DATE:
ADDRESS:		
PHONE NUMBER:		
EMAIL ADDRESS:		
1.	Are you feeling generally well today?	(Y/N)
2.	Have you visited any other healthcare facilities within the past 14 days?	(Y/N)
3.	Have you traveled internationally within the past 14 days?	(Y/N)
4.	Have you traveled to any areas with known outbreaks within the past 14 days?	(Y/N)
5.	Have you traveled by plane or cruise ship within the last 14 days?	(Y/N)
6.	To the best of your knowledge, have you come into contact with anyone who has tested positive for COVID-19 or has symptoms of COVID-19?	(Y/N)
7.	Have you exhibited any symptoms within the past 24 hours, including fever, sore throat, cough, chills or shortness of breath?	(Y/N)
Record temperature taken:		
Recorded by:		

*Please follow HIPAA guidelines for recording confidential information and store in a secure location.