Coronavirus / COVID-19 Preparedness and Response Plan

Updated 09/14/2022

The coronavirus / COVID-19 situation continues to evolve.

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

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

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COVID-19 Response Checklist

✓	STEP	NOTES
	1. Isolate the COVID positive individual(s)	If it is a resident, they isolate in their apartment. If it is a staff member, they isolate at home. Isolation timeframes (see full plan for details): Residents: 10 days Staff: 5 days if staffing crisis Symptoms must be improving, no fever, for 24 hours
	2. Implement PPE	Anyone entering the room of an isolated or quarantined resident must wear an N95 respirator, face shield, gown, and gloves. Setup a PPE station/cart and waste container with a lid outside the apartment of isolated residents.
	3. Notify the resident's primary care provider	Follow directions for treatment.
	4. Dedicate care staff (if possible)	Assigned dedicated care staff to isolated residents, if possible.
	5. Alert monitoring/charting	COVID positive residents should be monitored with charting at least once per shift until resolved.
	6. Test close contacts	Close contact is defined as being within 6 feet of the individual for 15 minutes or more in 24-hour period. Repeat testing after 5 days.
	7. Quarantine close contacts only if they are not up to date on vaccines or have symptoms	Close contacts who are up to date on vaccines and do not have symptoms do not have to quarantine.
	8. Test all residents and staff **ONLY** if unable to identify close contacts	You may also have to test all residents and staff if directed to do so by your health department, but it is our policy to test close contacts only.
	9. Continue communal dining	We only close communal dining if directed to do so by your health department or our clinical leadership.
	10. Continue activities	We only suspend activities if directed to do so by your health department or our clinical leadership.
	11. Initiate a line list	Keep updated with all positive individuals and all individuals who are tested.
	12. Notify residents and responsible parties	Do not reveal personally identifying information.
	13. Notify staff	
	14. Notify visitors	This can be done by posting a sign at your entrance.
	15. Notify health department	Inform them you have a plan and are following.
	16. Notify state licensing agency	If required in your state.

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 and maintain supplies – You will want to have supplies on hand in the event your community is directly impacted by an 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.

COVID-19 Safety Coordinator

Our goal is to prevent the transmission of COVID-19 in this community. Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

The COVID-19 Safety Coordinator(s), listed below, implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator(s) has full support in implementing and monitoring this COVID-19 plan and has authority to ensure compliance with all aspects of this plan.

The COVID-19 Safety Coordinator(s) will work cooperatively with admin/HR to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan. All staff are encouraged to provide feedback on the COVID-19 plan and its implementation.

COVID-19 Safety Coordinator(s)		
Name	Title	Contact Information (office location, phone, email address)

Fully Vaccinated and Up to Date

Many of the recommendations in this plan—which are based primarily on CDC guidelines—will vary based on the vaccination status of the individual. You will see this detailed in the various sections of the plan. Below are the three vaccination statuses based on CDC guidelines.

Unvaccinated   Have not received the initial COVID-19 vaccine series.

Fully Vaccinated   Two weeks after completing the initial COVID-19 vaccine series at least two weeks ago.

Up to Date   Completed the initial COVID-19 vaccine series and received recommended booster(s).

You can view the full CDC vaccine recommendations here: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Visitors

<u>Follow CDC, state, and local health department guidelines</u>.

General Practices:

1. Residents should always be allowed to have family and friends visit. During an outbreak these visits may be restricted to designated outdoor or indoor visiting areas, or in the resident's apartment. These visits should only be suspended when directed by the state licensing agency or health department.

2. Visitors are allowed in common areas unless restricted due to an outbreak or specifically restricted by your state licensing agency or health department.

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

4. All visitors must follow the mask/face covering policy outlined in this plan.

5. All visitors must comply with any state or local health department requirements related to vaccination and/or testing.

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. If in-person visits are paused use technology to help family members communicate with residents. This can include telephone, video conferences, or mobile devices (e.g., Facetime).

9. Contact between the resident and the visitors is allowed.

10. Resident and visitors may choose to not wear a mask while in the apartment or designated visiting area.

11. Visitors should be able to adhere to COVID policies and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children. A short training video is available for educating visitors: https://vimeo.com/463909405/a152d8cf6f

12. Essential visits should never be suspended. These include home health, hospice, physical therapy, end of life, compassionate care, and other medically necessary visitors.

Screening of Residents, Staff, and Visitors

1. All persons entering the community are reminded/notified not to enter if they are experiencing in symptoms of COVID-19 or other respiratory illness. This can be done via a sign posted at entrances.

2. Screening of persons entering the community (staff, visitors, etc.) for signs and symptoms or possible exposure to COVID-19 is only necessary when required by your state or local health department or licensing agency. A recommended screening form is provided on the following page.

   a. Screening should include taking the temperature of each person being screened.

   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.

3. Existing residents are monitored for changes in condition. Residents only have to be screened for signs and symptoms one required by your state or local health department or licensing agency. Screening is performed once per day, including taking temperatures.

   a. Fully vaccinated residents may be exempt from daily screening. These residents should be educated/encouraged to perform daily self-checks and report if they are feeling sick or have a fever. These residents should also be screened anytime the return to the community from an outing.

4. Persons who have received COVID-19 vaccination, may display systemic signs and symptoms (fever, fatigue, chills, body aches) within three days of vaccination.

COVID-19 Screening

Community	Name	Date	Time

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. If you have been vaccinated in the past 72-hours you may experience short term side effects that resemble COVID-19 but do not prevent you from entering the community. Our Executive Director or designee will help make this determination. Thank you.

Unvaccinated or Vaccinated but Not Up to Date	YES	NO
Do you have a fever? (Body temp must be measured by community personnel)		
Do you have symptoms of COVID-19 or other respiratory illness?		
Have you traveled to/from an area where travel restrictions are in place in the last 5 days?		
Have you been exposed to anyone with COVID-19 within the last 5 days?		
Are you awaiting test results for COVID-19?		

Fully Vaccinated and Up to Date	YES	NO
Do you have a fever? (Body temp must be measured by community personnel)		
Do you have symptoms of COVID-19 or other respiratory illness?		
Are you awaiting test results for COVID-19?		

Symptoms of COVID-19 Include:

Fever or chills	Muscle or body aches	Cough	Shortness of breath
Congestion	Fatigue	Sore throat	Runny nose
Headache	Diarrhea	Nausea or vomiting	New loss of taste or smell

COVID-19 Screening Log

Resident	Apartment

Date	Time	Temp	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)	Out of community since last check (If yes fill out full screening form)
			☐ Yes ☐ No Describe:	☐ Yes ☐ No
			☐ Yes ☐ No Describe:	☐ Yes ☐ No
			☐ Yes ☐ No Describe:	☐ Yes ☐ No
			☐ Yes ☐ No Describe:	☐ Yes ☐ No
			☐ Yes ☐ No Describe:	☐ Yes ☐ No
			☐ Yes ☐ No Describe:	☐ Yes ☐ No
			☐ Yes ☐ No Describe:	☐ Yes ☐ No
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			☐ Yes ☐ No Describe:	☐ Yes ☐ No
			☐ Yes ☐ No Describe:	☐ Yes ☐ No
			☐ Yes ☐ No Describe:	☐ Yes ☐ No

COVID-19 Line Screening

If you have been vaccinated in the past 72 hours, you may experience short term side effects that resemble COVID-19 but do not prevent you from entering the community. Our Executive Director or designee will help make this determination. Thank you.

Name	Date	Fully Vaccinated and Up to Date			Unvaccinated or Vaccinated but Not Boosted			
		Fever?	Symptoms of COVID-19?	Awaiting test results for COVID-19?	Fever?	Symptoms of COVID-19?	Awaiting test results for COVID-19?	Exposed to COVID-19 in the past 5 days?
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

Move-Ins / Returning Residents

Follow CDC, state, and local health department guidelines.

New Move-Ins

1. Screen the resident upon arrival at the Community for potential exposure and COVID-19 signs and symptoms, including measuring body temperature.

2. New move-ins should be tested at the time of move-in. This can be done with a PCR or rapid antigen test.

    a. For unvaccinated residents, it is recommended to keep the resident quarantined until testing requirements have been met and a negative result has been confirmed.

    b. Residents who are up to date on their vaccines may move into the community without further quarantine. This includes moving into a shared apartment if the roommate is also fully vaccinated.

    c. 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 quarantine.

Accepting New Move Ins While Your Community Has Active COVID-19

Follow these guidelines for new move ins if your Community has had active cases of COVID-19 in the past 10 days.

1. Confirm with your health department if there are any restrictions on move ins.

2. If no restrictions from your health department, clearly disclose your current COVID-19 situation with the potential move in and their responsible party.

    a. Clearly disclose the number of cases

    b. Clearly disclose whether the cases are residents, staff, or both

    c. Clearly disclose the last date a positive case was identified

3. Allow the potential resident and his/her responsible party to make an informed decision as to whether to move in at this time. Do not pressure them to make a decision.

4. Document this discussion and the decision in the resident's record if they choose to proceed with a move in.

Returning from Higher Level of Care

Upon returning from a hospitalization or skilled nursing facility stay:

1. The resident should be tested prior to their return.

2. Unvaccinated residents should quarantine in their apartment pending test results.

3. Screen the resident upon arrival at the Community for all potential COVID-19 signs and symptoms, including measuring body temperature.

New Move-Ins and Returning Residents

Resident Name	Date of Birth	Moving From

For the safety and wellbeing of our residents, please confirm the following:

COVID-19 SYMPTOMS OR EXPOSURE	
Is your patient currently displaying symptoms of COVID-19?	Yes No
Has your patient had a known exposure to COVID-19 in the past 10 days?	Yes No
Does your patient require quarantine or isolation precautions at this time?	Yes No

COVID-19 TESTING STATUS	
Has your patient had a viral test (nucleic or antigen) for COVID-19?	Yes No
Date of Test:	
Result of Test:	Positive Negative
If your patient previously tested positive for COVID-19, are they now recovered and able to be released from isolation precautions?	Yes No N/A

Physician/Provider Name	Signature	Date

Culinary

<u>Follow CDC, state, and local health department guidelines.</u>

Communal Dining

1. Residents should be allowed to dine together at the same table.

2. Make alcohol-based hand sanitizer available to facilitate hand hygiene by residents when entering the dining room.

3. Visitors may participate in communal dining unless restricted by your state or local health department. Follow any local/state guidelines for vaccination or testing of visitors.

When Suspending Communal Dining

1. Communal dining should be suspended if your community is experiencing a COVID-19 outbreak.

2. Serve meals directly in resident apartments (i.e., tray service).

3. Follow the meal delivery / tray service recommendations.

4. Ensure residents who require assistance/supervision receive this during meals.

5. Spouses/couples may receive meals together in their shared apartment.

Meals Service / Tray Delivery

1. Meal service / tray delivery should be implemented to serve meals in resident apartments when:

   a. A resident is being isolated for suspected COVID-19.

   b. Community wide isolation is in place due to a COVID-19 outbreak.

   c. Or mandated by health department, medical providers, or similar authorities.

2. 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.

3. Meal service carts:

   a. Should not be taken into resident apartments.

   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 **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

<u>Follow CDC, state, and local health department guidelines.</u>

1. Resident are allowed and encouraged to participate in activities and outings.

2. Outside performers, entertainers, or volunteers should be permitted in your activity programs. Performers/entertainers should be screened, perform hand hygiene, and follow the mask guidance for visitors.

4. Visitors may participate in activities unless restricted by your state or local health department. Visitors should follow the mask guidance in this plan. Follow any local/state guidelines for vaccination or testing of visitors.

Outings

1. Residents are allowed to leave the community for outings.

2. Unvaccinated residents should be encouraged to wear a mask when leaving the community.

3. When residents return, they should be screened for symptoms and exposure to COVID-19.

4. Residents returning from an outing will not be required to quarantine upon return if they are asymptomatic.

Environmental Cleaning and Disinfection

1. Routinely clean and disinfect frequently touched surfaces (e.g., doorknobs, light switches, countertops). This should be done at least once per day.

2. Clean and disinfect dining areas between meals (if/when dining rooms are 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

Staff will utilize personal protective equipment in accordance with guidelines from state/local health departments and licensing agency and the CDC.

1. Personal protective equipment will be provided by the community.

2. Staff will utilize masks for source control in accordance with the guidelines in this plan.

3. Masks are changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., resident care reasons).

4. Anyone caring for a resident with suspected or confirmed COVID-19 must utilize full PPE, including:

    a. Gloves

    b. Gown

    c. N95 or higher-level respirator (or facemask if a respirator is not available)

    d. Eye protection / face shield

Mask / Face Covering Recommendations

Follow state and local health department guidelines.

1. Residents, Staff, and Visitors – Fully Vaccinated and Up to Date

   a. Residents: We cannot force a resident to wear a mask. We should educate, encourage, and remind them to follow mask guidelines. Cloth masks are acceptable.

   b. Staff: Only required to wear a mask when required by your state or local health department or licensing agency. When masks are required, a medical/surgical mask is recommended. When masks are required for staff, they may be removed when in small group meetings where no residents are present.

   c. Visitors: Only required to wear a mask when required by your state or local health department or licensing agency. Cloth masks are acceptable.

2. Residents – Unvaccinated:

   a. We cannot force a resident to wear a mask. We should educate, encourage, and remind them to follow mask guidelines.

   b. Asked and encouraged to wear a face covering when outside their room/apartment. Medical/surgical masks are recommended. Cloth masks are acceptable.

3. Staff – Unvaccinated: Must wear a medical/surgical mask at all times in the community.

4. Visitors – Unvaccinated: Must wear a face covering when in the community. Medical/surgical masks are encouraged. Cloth masks are allowed.

5. Outbreaks – When a community is experiencing an COVID-19 outbreak, all staff and visitors must wear a mask while in the community. Residents are encouraged to wear a mask when outside their apartment.

Extended Use of N95 Respirators

Normally an N95 respirator, like all PPE, is discarded after each use/resident. However, if your community is facing shortages of N95 respirators, CDC guidance allows for both "extended use" and in more extreme shortages, "limited reuse."

Extended use – Staff members may wear one N95 respirator for an entire shift.

Limited reuse – Staff members may reuse an N95 respirator for up to five shifts. Keep it in a labeled paper bag between uses. The respirator is only reused by the same staff member. Discard the respirators if it is damaged or soiled.

Those practices should be implemented as needed based on your supply of N95 respirators and current demand. You can view the full CDC guidance here:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

Solid Barriers in the Workplace

In accordance with OSHA guidelines, cleanable or disposable solid barriers (e.g., plexiglass) are installed at fixed workspaces in non-resident care areas where unvaccinated employees are not able to be separated from others by at least 6 feet.

Where feasible, the community will ensure that:

1. Physical barriers are solid and made from impermeable materials.

2. Physical barriers are easily cleanable or disposable.

3. Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit.

4. Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard.

5. Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation.

6. Physical barriers are transparent in cases where employees and others have to see each other for safety.

7. Physical barriers do not interfere with effective communication between individuals.

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/

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.

Timeframes for Quarantine after Exposure

This is a brief summary of the latest quarantine timeframes recommended by the CDC following an exposure to someone with confirmed COVID-19. Exposure is defined as being within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19 without wearing proper PPE.

Category	Vaccination Status	Timeframe	Notes
Staff or residents	Vaccinated and boosted per CDC guidelines	0 days	No quarantine required Test on day 2 and 5
Staff or residents	Not boosted per CDC guidelines, or unvaccinated	7 days	Quarantine for 7 days with a negative test Or quarantine for 10 days without testing
Visitors (general public)	Vaccinated and boosted per CDC guidelines	0 days	No quarantine required Wear a mask around others for 10 days Testing on day 5 is recommended
Visitors (general public)	Not boosted per CDC guidelines, or unvaccinated	5 days	Quarantine for five days Wear a mask around others for another 5 days Testing on day 5 is recommended

Living with Someone with COVID-19

The same quarantine guidelines described above apply in all situations. When a staff member lives with someone who has COVID-19 they are having ongoing exposure, so some additional clarification may be helpful. As always, defer to any guidance provided by your local health department.

Vaccinated and Up to Date

1. If the staff member has been vaccinated and boosted according to CDC guidelines:

   a. They can continue working without quarantine as long as they remain asymptomatic.

   b. They should be tested 2 and 5 days after exposure.

   c. If they continue to live with the individual, repeat test is also advisable, such as daily testing if rapid antigen tests are available in the community.

Unvaccinated/Not Boosted

1. If the staff member has not been booster according to CDC guidelines or is unvaccinated:

   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.

   c. **After** either option a or b above, they must either be cleared with a negative COVID-19 test or wait the full 10 day quarantine period before returning to work.

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. Quarantine 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, N95 respirator, and eye protection anytime staff enter the apartment of otherwise have contact with the resident.

3. Arrange to have the resident tested for COVID-19.

4. 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.

5. If the resident must leave their apartment (such as to be transported to medical care) they should wear a facemask.

6. The resident must remain in quarantine until they are either transferred to a higher level of care or confirmed to be negative for COVID-19.

7. Increase the frequency of temperature and symptom checks for this resident to at least once per shift (three times per day).

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

9. Contact the health department and follow all directions.

Responding to COVID-19 Positive Cases in the Community

If anyone in the community is **<u>diagnosed</u>** with COVID-19:

1. Notify the health department and the resident's physician and follow all directions. In some states the health department may only require notification in limited circumstances, or not at all. You may follow the direction of your health department with regards to notifications.

2. Ask the resident's physician and/or health department about treatment options. There are several medications available. You can [learn more about treatment options here](#), but always leave treatment decisions to the discretion of the resident's physician and/or health department.

3. If the individual is a staff member, they should be instructed to isolate at home, contact their healthcare provider, and not return to work until cleared to return based on CDC guidelines or their healthcare provider's recommendations.

4. 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. If the resident has a roommate, look to separate the roommate into another apartment. Discuss this with your health department as well.

   c. Place a sign on the door of any resident who is under isolation.

   d. Keep the apartment door closed.

   e. Place resident(s) on alert monitoring/charting every shift until cleared of COVID-19.

f. 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

g. Ensure PPE and hand sanitizer are 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:

    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.

h. Hydration and nutrition are essential for residents fighting an infection, including COVID-19.

  i. Assist and encourage the resident to hydrate and maintain proper nutrition.

  ii. Residents should be instructed to drink fluids regularly, with the goal being at least hourly. Remind and assist the resident as needed.

  iii. A high calorie, high protein diet should be encouraged, unless contraindicated by the resident's physician. Consider the use of supplemental shakes.

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

5. Take steps to determine:

  a. The date and time the positive individual was last present in the community.

  b. The date of the positive test date and/or diagnosis.

  c. The date symptoms started (if applicable).

  d. Who may have had prolonged close contact.

6. Test residents and staff who had known exposure to the individual. Additional testing should be done based on guidance from the health department and the level of exposure.

7. We will continue communal dining and activities unless we are experiencing an oubreak with residents who are unable to isolate, or directed otherwise by your health department.

8. If possible, assign dedicated staff to care for COVID-19 positive residents.

9. 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.

10. Continue to screen staff and residents daily:

    a. 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.

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

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

13. Within one business day, notify all staff, residents, and family/responsible parties.

    a. This notice should include a formal written notice and should not include any personally identifying information about the positive individual(s).

    b. Verbal notices should be provided to employees who are not able to access or read the written notice.

    c. Provide employees and/or their representatives with any notices required by state labor laws.

14. Notify your state licensing agency as required.

15. Continue these precautions until advised to discontinue by the health department. Typically, this will be for at least 10 days.

Clearing Staff from COVID-19 Transmission-Based Precautions (Isolation)

The following protocols will be followed to remove a staff member from isolation precautions due to being COVID positive.

1. If you are facing staffing challenges:

    a. You may follow CDC contingency staffing guidelines.

    b. Staff may return **5 days** after symptom onset (if any) or date of positive test.

    c. They do not have to retest.

    d. If they had any symptoms, they must go at least 24 hours since last fever without the use of fever-reducing medications and any other symptoms must be improving.

2. If you are NOT facing staffing challenges:

    a. Staff may return **7 days** after symptom onset (if any) or date of positive test.

    b. They must have a negative test before returning. You can begin testing five days after onset. The test can be PCR or rapid antigen.

    c. If they cannot retest or do not retest negative, they can return 10 days after onset.

    d. If they had any symptoms, they must go at least 24 hours since last fever without the use of fever-reducing medications and any other symptoms must be improving.

3. Also follow guidance from your local health department and the staff member's medical provider.

4. Staff must continue to wear a mask at work when returning.

5. If staff had severe to critical illness, ask their healthcare provider to confirm isolation guidance.

Clearing Residents from COVID-19 Transmission-Based Precautions (Isolation)

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

1. Residents may be cleared from isolation **10 days** after symptom onset (if any) or date of positive test. This time may be reduced at the direction of the resident's physician. Obtain clarification in writing if isolating for less than 10 days.

2. They do not have to retest to be cleared.

3. If they had any symptoms, they must go at least 24 hours since last fever without the use of fever-reducing medications and any other symptoms must be improving.

4. In some cases, residents may be allowed to clear in a shorter timeframe as directed by your health department. CDC guidelines for the "general public" allow people to clear from isolation in five days. Your health department will have to confirm if you can follow this guidance for your residents.

5. Also follow guidance from your local health department and the staff member's medical provider.

COVID-19 Line List

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

#	Name	DOB	Unit or Staff	Date of First S/S	Cough (Y/N)	SOB (Y/N)	Highest Temp	Other Symptoms	SARS CoV-2 Test Results / Date	Resp. Panel Result / Date	Hosp-italized (Y/N) / Date	Died (Y/N) / Date	Notes

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.

What Type of Test?

1. 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.

2. Viral tests include PCR tests and rapid antigen tests. You may use either test unless specifically directed otherwise by your licensing agency or health department.

3. The CDC does not recommend using antibody testing 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.

The following are example of situations where individuals should be tested:

1. Staff with symptoms.

2. Residents with symptoms.

3. New move-ins.

4. Existing residents returning from an admission to a hospital or skilled nursing facility.

5. Staff or residents who have had close contact (within 6 feet) with someone with confirmed COVID-19, if recommended by the health department or physician.

6. Fully vaccinated staff or residents should not be tested unless:

   a. They are symptomatic
   b. It is required by your state / health department
   c. They have a "higher-risk" exposure (generally meaning exposure without PPE use)
   d. Your community is experiencing an outbreak – test based on health department recommendations

7. 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 an outbreak. Fully vaccinated staff or residents should not be tested during community-wide testing, unless directed to do so by your health department. 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, residents 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. Staff may be retested as part of the return to work criteria.

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.

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 qualified individuals.

    a. Anterior nares (nasal swab) specimens may be collected 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/b66cddb48a

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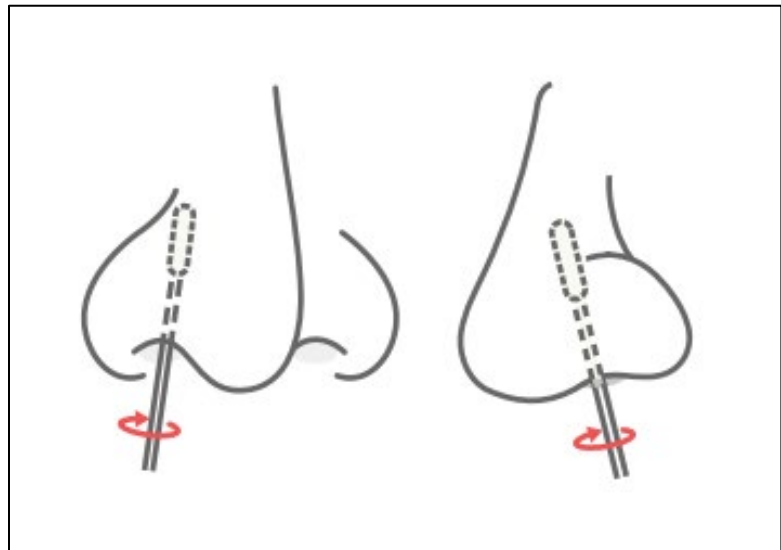
8. Remove swab and insert the swab into the transport tube provided by the lab. Be cautious not to touch the swab to any other surfaces.

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

Rapid Antigen Tests

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.

1. **Training**

   a. Rapid antigen tests should be performed by staff who have received appropriate training.

   b. Anyone performing the test should complete all training available from the manufacturer.

   c. Document training in the personnel record.

2. **Performing Tests**

   a. Encourage individuals being test to self-swab when they are able.

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

   c. Review and follow the manufacturer's instructions for the storage, use, and quality control.

   d. 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.

   e. Treat the used test kit and supplies as biohazard waste.

   f. Provide the individual with a copy of the manufacturer's patient fact sheet along with their results.

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

3. 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. 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.

c. 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, per health department guidance.

d. 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.

COVID-19 Test Results

Community	Name of Person Tested	Date	Time

Did the person being tested have **symptoms** of COVID-19 in the past 10 days?	___ Yes ___ No
Has the person being tested been **exposed** to someone with confirmed COVID-19 in the past 10 days?	___ Yes ___ No
Was the test done as part of Community-wide testing in response to active cases of COVID-19?	___ Yes ___ No
Type of test used:	___ Rapid Antigen Test: _____ ___ Other: _____
Result:	___ Positive ___ Negative ___ Inconclusive
Notes:	
Name and credentials of person completing the test:	
Signature of person completing the test:	

COVID-19 Test Results – Ongoing Testing

Use this sheet to track test results for staff or residents requiring ongoing testing due to outbreak or state guidelines.

Community	Name of Person Tested	
		__ Resident __ Employee __ Other:

Date	Symptoms?	Exposure?	Type of Test Used	Result	Name / Credentials of Person Admin. Test	Signature of Person Admin. Test	Notes
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			
	Yes No	Yes No	Rapid PCR	Pos Neg			

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.

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. Screening – Visitors, staff, and residents should be screened as otherwise outlined in this plan.

3. Visitors – Visitors should be allowed in accordance with the visitors section of this plan.

4. Activities – Activities should be allowed in accordance with the Activities and Outings section of this plan.

5. Dining/Meals – Dining/meals should be allowed in accordance with the Culinary section of this plan.

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

7. Assign dedicated staff to the memory care area/unit when there are active cases of COVID-19 in the community – 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.

8. 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.

9. Follow all directions from your public health department.

Independent Living

Freestanding independent living communities may follow state guidelines designed for the general public with regards to restrictions on dining, activities, visitors, outings, and ancillary services.

Residents, visitors, and staff of freestanding independent living communities may follow CDC, state, and county mask guidelines designed for the general public. If CDC, state, and county guidelines do not require the general public to wear masks indoors, resident and staff are not expected to wear masks in the community unless required due to exposure, symptoms, etc.

These communities should still follow other recommendations in this plan, including:

1. Screening practices.

2. Cleaning and disinfection.

3. Use of personal protective equipment.

4. Responding to residents with suspected or confirmed COVID-19.

5. Responding to staff with suspected or confirmed COVID-19.

6. COVID-19 testing.

7. Vaccines.

COVID-19 Vaccines

Residents and staff should be assisted to receive FDA approved COVID-19 vaccinations and boosters.

1. Follow your human resources policies and state guidelines regarding vaccine requirements/mandates.

2. Encourage and educate:

   a. We want to encourage and educate our staff and residents to be vaccinated.

   b. Effective: The COVID vaccines are highly effective. Studies showing that they are over 90% effective against serious illness, hospitalization, and death.

   c. Safe: Results from the vaccine trials show that vaccines are safe with few adverse effects. While some participants do experience side effects, most are mild (such as headache, fever, and muscle pain) and short lived.

3. There are several vaccine manufacturers authorized/approved by the CDC. Individuals should consult with their healthcare provider if they have questions or concerns about which manufacturer to receive.

4. Vaccine Boosters / Third Doses

   a. Staff and residents should be encouraged to receive their booster in accordance with FDA and CDC recommendations.

   b. Boosters are recommended for anyone age 5 and older.

   c. Mix and Match: CDC's recommendations allow for mix and match dosing for booster shots. Qualified individuals can receive any of the

three vaccines as a booster, regardless of the vaccine used for the initial series.

   d. Immunocompromised individuals

      i. Per CDC, it is recommended that people with moderately to severely compromised immune systems receive a third dose of the Pfizer/Moderna vaccine 28-days after the second does.

      ii. Individuals should consult with their healthcare provider if they have any questions about whether they are moderately or severely immunocompromised.

5. Document:

   a. Document vaccination of staff in their personnel record. Vaccine recipients will be given a vaccine card by the pharmacy provider to track their vaccination status.

   b. Document vaccines of residents in their resident record. Vaccine recipients will be given a vaccine card by the pharmacy provider to track their vaccination status.

6. Vaccine administration:

   a. Vaccines should be administered by appropriately qualified individuals, preferably in partnership with pharmacy providers.

   b. Pharmacy Partners

      i. Coordinate vaccine clinics with your pharmacy partners.

      ii. Confirm who may participate. This typically includes residents, staff, third-party personnel, and often families of residents as well.

c. In preparing for vaccine clinics, make sure you have the following for everyone who will participate:

  i. A completed release/vaccine form. These will be provided by your pharmacy partner.

  ii. A copy of their health insurance card, both front and back.

  iii. If participants are not insured, they will still be vaccinated at no cost to them. There may be additional forms/signatures required.

d. When hosting vaccine "clinics" at the Community, ensure appropriate infection control practices are in place:

  i. All persons should be screened for COVID-19 symptoms upon arrival for their vaccine and perform hand hygiene.

  ii. People should not attend the clinic if they are feeling sick or have signs or symptoms of COVID-19.

  iii. All staff and vaccine clinic personnel must wear masks in accordance with state and local requirements.

  iv. All residents must wear face coverings or masks in accordance with state and local requirements.

  v. Disinfect surfaces/stations between use.

7. Post Vaccination:

a. Individuals will be monitored by the pharmacy partner for 15-30 minutes immediately after vaccination.

b. Residents should be monitored for side effects at least once per shift for 72-hours after vaccination.

c. Staff should be educated and encouraged to self-monitor for side effects.

d. Although not everyone will experience them, the following side effects are normal and expected.

    i. Pain or swelling at the injection site.

    ii. Fever.

    iii. Chills.

    iv. Tiredness

    v. Headache.

e. These tips can be helpful to release the side effects:

    i. Apply a clean, cool, wet washcloth over the injection site.

    ii. Use or exercise of the arm.

    iii. Drink plenty of fluids.

    iv. Dress lightly.

f. Refer to the Screening section of this plan for more information on screening individuals who have been recently vaccinated.

g. Notify the resident's physician if the resident is experiencing side effects.

h. When to call the doctor:

    i. If the redness or tenderness where you got the shot increases after 24-hours.

ii. If the side effects are worrying you or do not seem to be going away after a few days.

i. If a person experiences signs/symptoms of a serious allergic reaction/anaphylaxis call 911.

i. Pharmacies performing vaccine clinics will have emergency supplies for responding to allergic reactions. If they are still on-site, seek their assistance as well.

ii. If the individual has an emergency epinephrine injector assist them to use it.

iii. Signs and symptoms of anaphylaxis include:

- Skin reactions, including hives, itching and flushed or pale skin.

- Low blood pressure (hypotension)

- Constriction of the airway and a swollen tongue or throat, which can cause wheezing and trouble breathing.

- A weak and rapid pulse.

- Nausea, vomiting or diarrhea.

- Dizziness or fainting.

8. Questions / Additional Considerations:

The following is based on clinical recommendations from the CDC.

a. What if I / my staff / my resident previously had COVID-19/tested positive?

Yes, persons who have tested positive COVID can still be

vaccinated/boosted. [Per the CDC](#), they have to be recovered from illness (if they had symptoms) and cleared of isolation. No additional waiting period required.

b. Does it impact tuberculosis tests?

[According to the CDC](#) skin or blood tests for TB will not affect the safety or effectives of the vaccines. Previous recommendations to delay TB tests for four weeks after vaccination have been removed. Testing for TB infection can be done before, after or during the same encounter as COVID-19 vaccination.

c. Will the vaccine cause a positive COVID-19 test result?

No, the COVID-19 vaccines will not affect the results of a viral COVID-19 test (PCR or antigen). The vaccines may cause positive antibody tests, but those are not used in our setting for screening or diagnostic purposes.

Administering Vaccines/Boosters

Qualified community personnel may administer COVID-19 vaccines and/or booster doses to residents. Community personnel should not administer COVID-19 vaccines and/or booster doses to staff/associates. This can only be done in coordination with a pharmacy partner who is an approved CDC vaccine program provider.

1. If your community is interested in administering vaccine/booster doses, contact your pharmacy and clinical support contact.

2. The pharmacy partner must:

    a. Take full responsibility for CDC and/or health department reporting requirements.

    b. Provide instructions/education on appropriate storage of vaccines.

    c. Provide instructions/education on correct administration of vaccine/booster doses.

    d. Provide instruction/education on proper documentation and recordkeeping of vaccines doses, including updating COVID-19 Vaccination Record Cards.

3. Community staff who will administer vaccine and/or booster doses should complete the CDC vaccine training modules.

    a. The CDC training modules are available here: https://www2.cdc.gov/vaccines/ed/covid19/

    b. Documented completion of the training modules their personnel file.

4. Community staff will follow pharmacy procedures for obtaining consent and documenting dose administrations. The pharmacy partner will provide appropriate consent and recordkeeping documents.

5. All normal medication management policies will be followed, including safe handling and disposal or sharps.

6. CDC guidelines for vaccine administration will be followed, including required dosages and schedule.

    a. The initial Pfizer-BioNTech series is administered as two doses administered 21 days apart. There are two different types of Pfizer-BioNTech vials. One must be diluted first. Confirm with your pharmacy which one you have been provided.

    b. The initial Moderna series is administered as two doses administered 28 days apart.

    c. The initial Janssen (Johnson and Johnson) series is administered as a single dose.

7. CDC guidelines for booster dose schedules will be followed. Currently those schedules are as follows:

    a. For those who received a primary series of **Pfizer-BioNTech** vaccine people 18 years of age and older should receive a booster dose of any FDA-authorized or approved COVID-19 vaccine **5 months** after completing their primary series.

    b. For those who received a primary series of **Moderna** vaccine people 18 years of age and older should receive a booster dose of any FDA-authorized or approved COVID-19 vaccine **5 months** after completing their primary series.

    c. For those who received a primary series of **Janssen (Johnson and Johnson)** vaccine people 18 years of age and older should receive a

booster dose of any FDA-authorized or approved COVID-19 vaccine **2 months** after completing their primary series.

8. Mix and Match: A single booster dose of any currently authorized or approved COVID-19 vaccines may be used for persons 18 years and older regardless of the vaccine used for the initial series. mRNA vaccines are preferred (Pfizer-BioNTech or Moderna).

9. Residents receiving vaccine or booster doses must be offered information about the vaccine, any potential side effects, and when the vaccinated person needs to return for a second dose, if needed. The pharmacy partner will provide these materials.

10. If the resident has questions or concerns regarding the vaccine, refer them to their primary care provider or a pharmacy representative.

11. After vaccine administration monitor for allergic reactions for 15-30 minutes, per CDC guidance.

COVID-19 Vaccine Tracker - Employees

Use this sheet to track vaccine participation among staff.

#	Last Name	First Name	Position	COVID History		Vaccine Status			Notes
				Previously Had COVID	Date Recovered	Type / Manufacturer	Date First Dose Admin.	Date Second Dose Admin.	
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			

COVID-19 Vaccine Tracker - Residents

Use this sheet to track vaccine participation among residents.

#	Last Name	First Name	Unit	COVID History		Vaccine Status			Notes
				Previously Had COVID	Date Recovered	Type / Manufacturer	Date First Dose Admin.	Date Second Dose Admin.	
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			
				__ Yes __ No		__ Pfizer __ Moderna			

COVID-19 Training

All staff should be provided training in COVID-19 that includes, but is not limited to:

1. Your policies and procedures, including this COVID-19 Preparedness and Response Plan.

2. How to participate in the identification and evaluation of COVID-19 hazards (e.g., insufficient PPE supplies, staff not following polices, etc.).

3. Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, if any.

4. How COVID-19 is spread, including risk of transmission by asymptomatic persons.

5. The ability of particles containing the virus can spread more than six feet and steps to mitigate spread.

6. The use of respirators, including:

    a. The ability to request a respirator without fear of retaliation

    b. How to don and remove a respirator

    c. How to perform a seal check

    d. Respirators are provided at no cost to employees

7. The importance of frequent hand hygiene and proper hand hygiene technique.

8. Proper use of face coverings, their intended purpose, and when they must be worn.

9. COVID-19 symptoms, and the importance of not coming to work and obtaining a COVID-19 test if the employee has COVID-19 symptoms.

10. How to access COVID-19 testing,

11. COVID vaccinations, their benefits, and how to access.

The following training video 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.

https://vimeo.com/583998820/ec685337d4

Identification and Correction of COVID-19 Hazards

The community will take step to identify and correct COVID-19 hazards in the community.

1. The Executive Director (or designee) will periodically evaluate the following:

    a. Regular review of applicable CDC and state COVID-19 guidelines.

    b. Proper screening procedures are in place for all who enter the community.

    c. Effective ventilation in indoor spaces.

    d. Sufficient supplies of personal protective equipment (including masks, gowns, gloves, eye protection, and N95 respirators).

    e. Sufficient supplies/facilities for regular hand hygiene.

    f. Appropriate modifications to the physical plan to facilitate social distancing as required.

    g. Staff adherence to all COVID-19 guidelines, including masks, hand hygiene, etc.

    h. Proper quarantine procedures are followed for persons who are exposed to COVID-19 or display symptoms of COVID-19.

    i. Proper isolation procedures are following for persons who test positive for or are diagnosed with COVID-19.

2. Staff are encouraged and able to report any COVID-19 hazards without fear of retaliation.

3. Any COVID-19 hazards will be immediately corrected by the Executive Director, or a designee.