COVID-19 PROTOCOL PHASE II

LOCAL CONFIRMED CASE

Policy and Procedure

Title: Confirmed Case of COVID-19 in the Area

Policy

To ensure compliance with CDC guidelines while reducing the chance of COVID-19 exposure to residents.

Procedure

Once a case of COVID- 19 has been confirmed in your county or an adjacent county, please **review and implement Chapter 4 of the Emergency Preparedness Manual (Epidemic, Pandemic Prep and Response) as appropriate** and follow the below guidance :

Environment:
- ❖ All entrances are to be locked- including the front door
- ❖ A sign should be posted at each entrance stating the following: (template attached)

Essential Visitors
- ❖ Only essential visitors are allowed to enter the buildings. This includes the following:
    - ▪ Physicians
    - ▪ Physicians Extenders
    - ▪ Other Practitioners
    - ▪ Family of Hospice Patients
    - ▪ Family of patients whose emotional well-being is affected by lack of visitation

Essential Visitors Must:

- ▪ Complete the Visitor Attestation Log
- ▪ Have temperatures taken and recorded on the visitors log (list in temp. column)
- ▪ Offered PPE (masks, gloves, gowns, hand-sanitizer) as appropriate and as supplies allow
- ▪ Be given a packet of educational materials (CDC handouts) for hand washing, respiratory etiquette, COVID-19 fact sheet, and given instruction on how to properly use PPE.
- ▪ Wash hands before entering any patient care areas
- ▪ Be limited to the specific resident's room and are not permitted to attend activities or enter dining areas.

Families:
- ❖ A letter must be sent to all families / responsible parties (template attached)
- ❖ Reassure families/ responsible parties that they can contact their loved one by telephone

Staff:
- ❖ Must sign attestation form daily (see attached)
- ❖ Continue to monitor and document employee call outs during Morning Meeting
- ❖ Candidates for hire are to be interviewed over the phone prior to coming to the facility
- ❖ Staff members will promote residents to frequently utilize the alcohol based hand rub located at stations throughout the facility (hallways, dining areas, nurse's satiation etc.) and will ensure that each resident has properly sanitized their hands prior to meal times.

Housekeeping/ Laundry:
Must continue daily cleaning of all surfaces to include:

- ❖ Doorknobs
- ❖ Keyboards
- ❖ Computer mice
- ❖ Telephones

Vendors:
Vendors who are delivering items may drop them at the loading area for facility staff to transfer into the building when feasible

Records:
All documentation associated with COVID-19 must be stored for 6 months. This includes:

- ❖ Visitor Attestation Logs
- ❖ Staff Attestation Logs
- ❖ COVID-19 Morning Meeting Agenda sheet
- ❖ COVID-19 Transfer Communication Tools

Attachments: Front Door Signs
Essential Visitor Education Packet
Family Visitation Letter
Staff Attestation Log

STOP
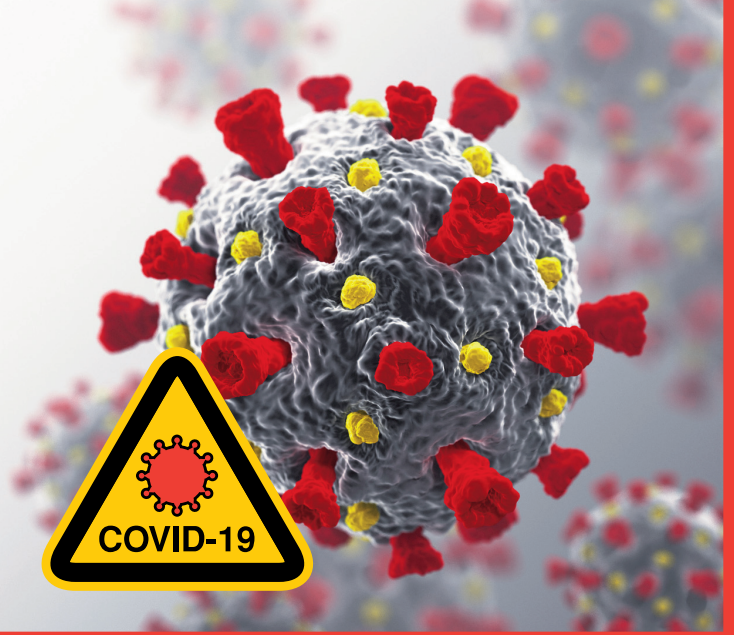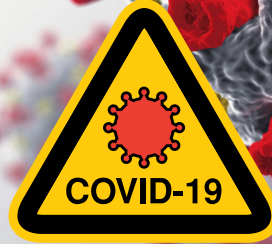
COVID-19

NO VISITORS ALLOWED AT THIS TIME!

In response to new COVID-19 emergency guidance for long-term/senior care facilities issued by the CDC and Centers for Medicare and Medicaid Services, we cannot allow visitors until further notice.

OUR IMMEDIATE PRIORITY IS THE SAFETY OF ALL RESIDENTS AS WELL AS THE STAFF THAT CARE FOR VULNERABLE ELDERS.

We recognize the hardship this may cause and appreciate your understanding.

Visitor exceptions can only be made on a case-by-case basis, such as visiting a resident who is receiving end-of-life care. If you believe you may qualify for an exception, please

call _____ or email _____.

Use the above phone number or email address if you would like to make arrangements for delivery of gifts, letters, laundry, etc., for residents.

• •

You are also encouraged to telephone your loved one during this emergency.
Your contact, albeit remote, will still be welcomed and will allow you to keep in touch.

ESSENTIAL VISITOR EDUCATION

COVID 19
CORONAVIRUS DISEASE

Share Facts About COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

FACT 1

Diseases can make anyone sick regardless of their race or ethnicity.

People of Asian descent, including Chinese Americans, are not more likely to get COVID-19 than any other American. Help stop fear by letting people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.

FACT 2

The risk of getting COVID-19 in the U.S. is currently low.

Some people who live in or have recently traveled to places where many people have gotten sick with COVID-19 may be monitored by health officials to protect their health and the health of other people in the community.

FACT 3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

FACT 4

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms

AND

- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

FACT 5

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

For more information: **www.cdc.gov/COVID19**

CS 315446-A 03/04/2020

COVID 19
CORONAVIRUS DISEASE

STOP THE SPREAD OF GERMS

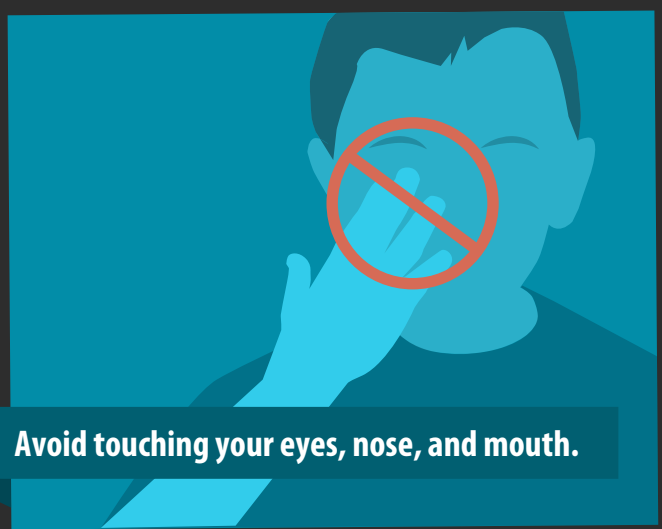Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.
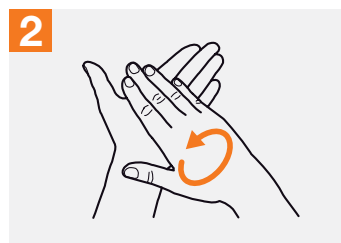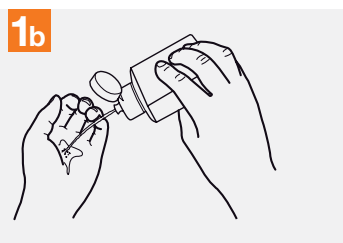
CDC

For more information: www.cdc.gov/COVID19

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HOW TO HAND**RUB**?

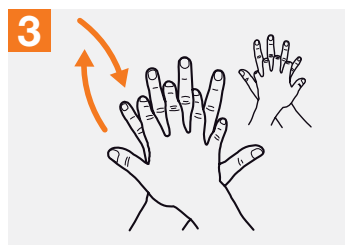**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

🕐 **Duration of the entire procedure: 20-30 seconds**

1a

Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

2

Rub hands palm to palm;

3

Right palm over left dorsum with interlaced fingers and vice versa;

4

Palm to palm with fingers interlaced;

5

Backs of fingers to opposing palms with fingers interlocked;

6

Rotational rubbing of left thumb clasped in right palm and vice versa;

7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

Once dry, your hands are safe.

HOW TO HANDWASH?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

🕐 **Duration of the entire procedure:** 40-60 seconds

0
Wet hands with water;

1
Apply enough soap to cover all hand surfaces;
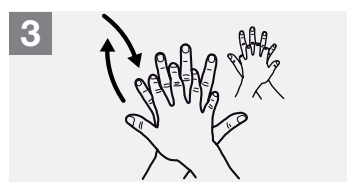
2
Rub hands palm to palm;

3
Right palm over left dorsum with interlaced fingers and vice versa;
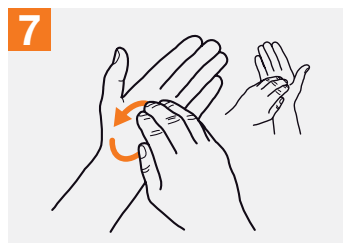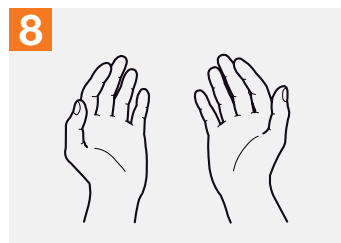
4
Palm to palm with fingers interlaced;

5
Backs of fingers to opposing palms with fingers interlocked;

6
Rotational rubbing of left thumb clasped in right palm and vice versa;

7
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
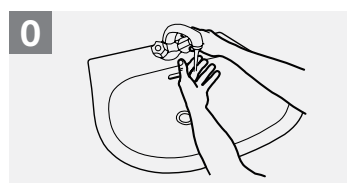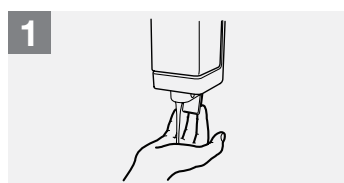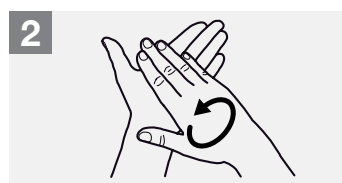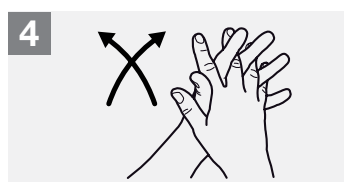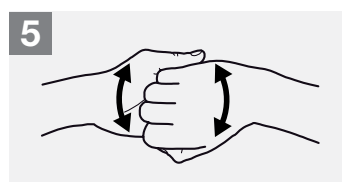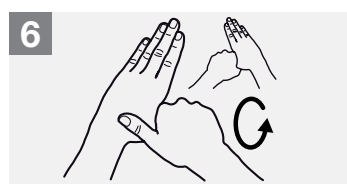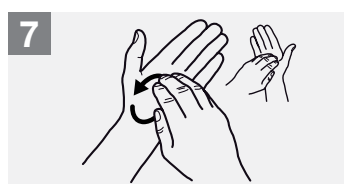
8
Rinse hands with water;

9
Dry hands thoroughly with a single use towel;
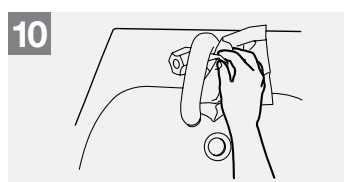
10
Use towel to turn off faucet;
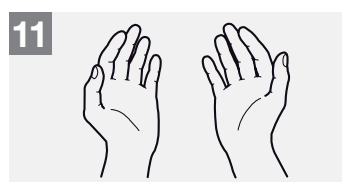
11
Your hands are now safe.

Hand care

- Take care of your hands by regularly using a protective hand cream or lotion, at least daily.

- Do not routinely wash hands with soap and water immediately before or after using an alcohol-based handrub.

- Do not use hot water to rinse your hands.

- After handrubbing or handwashing, let your hands dry completely before putting on gloves.

Please remember

- Do not wear artificial fingernails or extenders when in direct contact with patients.

- Keep natural nails short.

WHEN?

YOUR 5 MOMENTS
FOR **HAND HYGIENE***

CRITICAL SITE WITH
INFECTIOUS RISK
FOR THE PATIENT

2 BEFORE
CLEAN/ASEPTIC
PROCEDURE

1 BEFORE
TOUCHING
A PATIENT

4 AFTER
TOUCHING
A PATIENT

3 AFTER BODY
FLUID EXPOSURE
RISK

CRITICAL SITE
WITH BODY FLUID
EXPOSURE RISK

5 AFTER
TOUCHING PATIENT
SURROUNDINGS
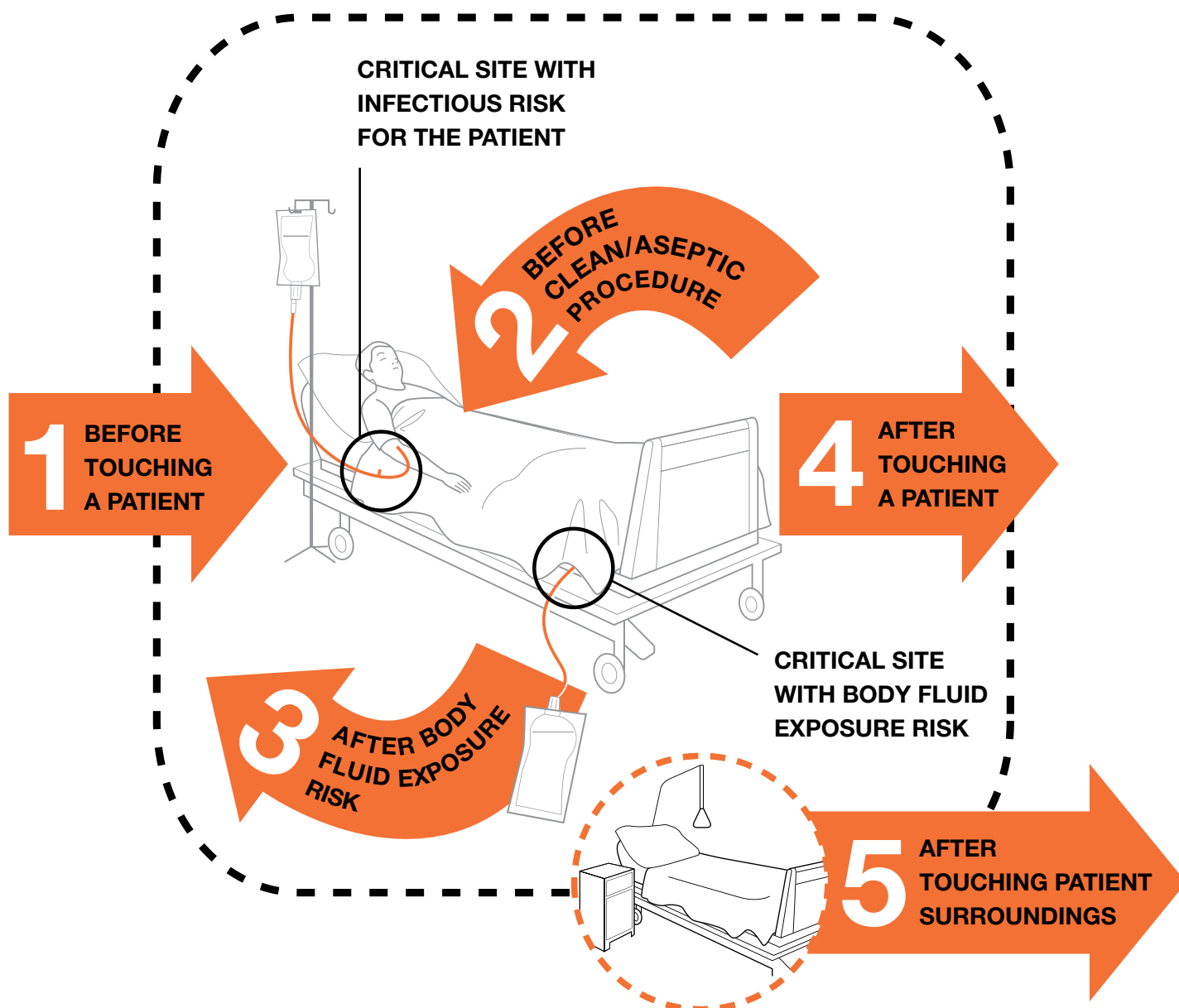
***NOTE:** Hand hygiene must be performed in all indications
described regardless of whether gloves are used or not.

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist
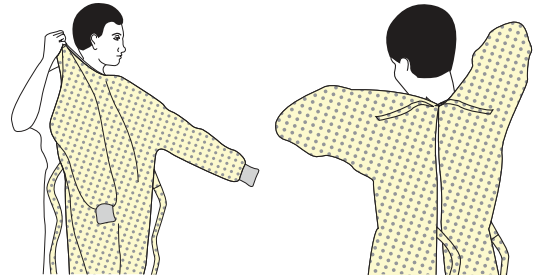
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator
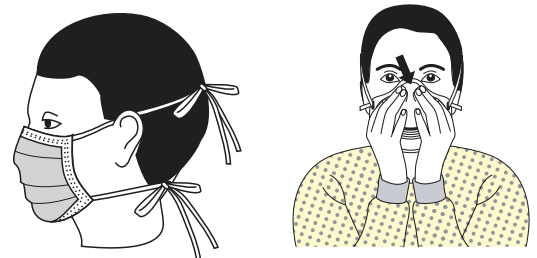
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit
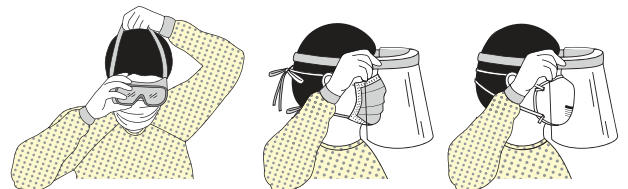
4. GLOVES

- Extend to cover wrist of isolation gown
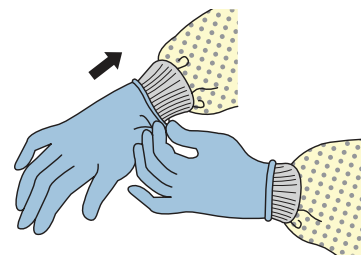
USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

CS250672-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container
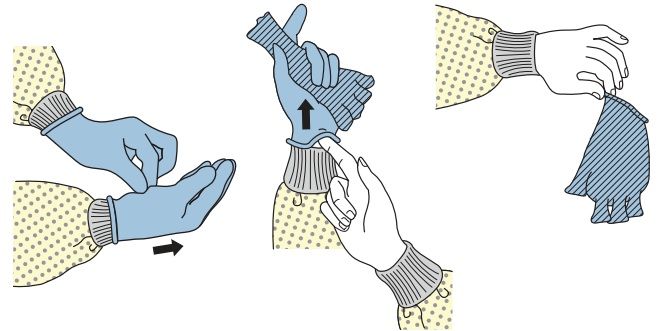
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container
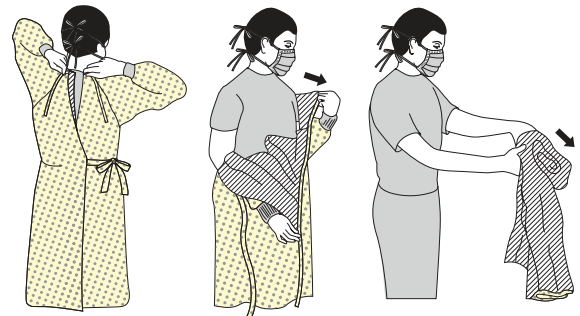
4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container
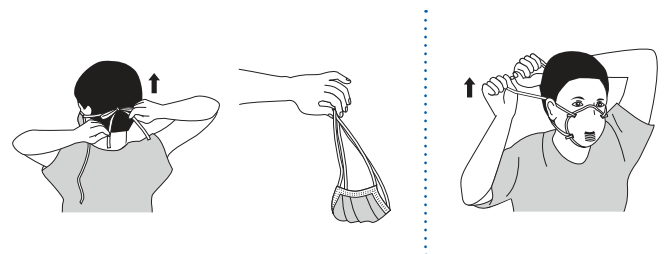
5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE
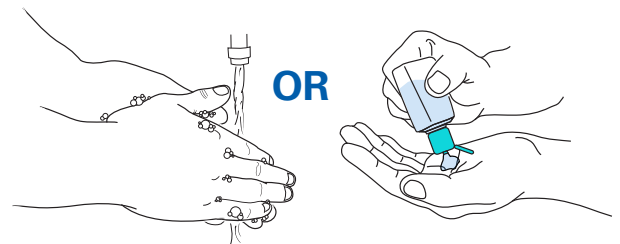
OR

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

CS250672-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container
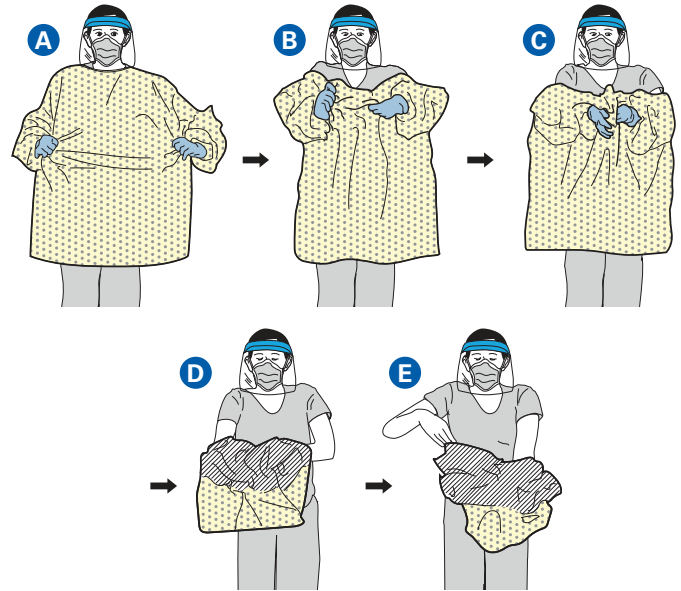
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container
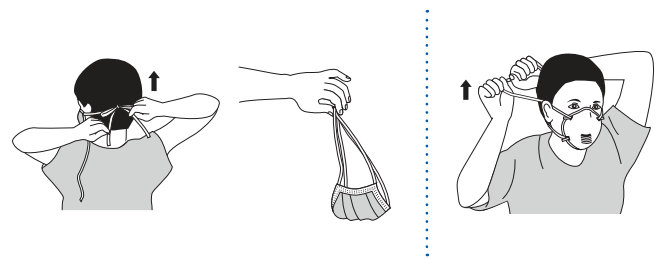
4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE
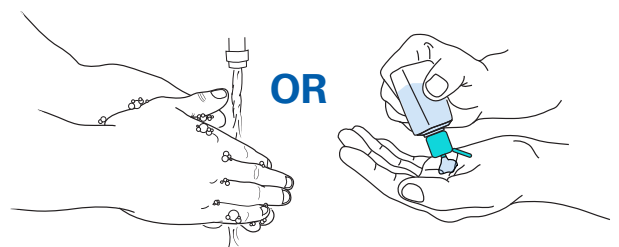
OR

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CS250672-E

ATTENTION

Please monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility.

If symptoms occur:

- ❖ Self-isolate at home
- ❖ Contact your healthcare provider
- ❖ **<u>Immediately</u> notify this facility of the date of your visit, the individuals you were in contact with, and the locations within the facility you visited.**

Dear Responsible Parties, Friends, and Family Members;

As a follow-up to our previous correspondence regarding the COVID-19 visitation limitations for the facility, please be advised that due to guidance from CMS and CDC, and for the safety and health of our residents; <u>we are required and obligated to totally restrict visitation and only allow access to essential healthcare workers.</u> (physicians, physician extenders, and other practitioners). Exceptions will only be made to a situation that falls under a "Compassionate Care visit".

All Essential Healthcare workers and Compassionate Care visitors will be required to a screening process prior to entering the facility.

All doors will be locked except for a main entrance that will be monitored, and that entrance will also be locked after business hours.

This is effective immediately (**ENTER EFFECTIVE DATE & TIME**) until further notice.

Please see the CMS official memo via this link below:
https://www.coms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

Please contact the Administrator, (ENTER NAME) if you have any questions or if you feel your visit falls under a Compassionate Care situation.

Communication with your loved one and/or family member is available via phone and in the near future via video.

If anything changes in our community, we will promptly advise of any modifications to our policies.

Again, we would like to re-confirm emergency contact information for all of our patients and residents. Please call us at **(ENTER FACILTY PHONE #)** at your convenience so we can update our records.

Thank you for your support and cooperation.

Sincerely,

(ENTER SIGNATURE)

Daily Symptom Attestation Form COVID-19

Dear Staff:

Please help us to protect our residents and others by completing this form regarding symptoms of COVID-19 and travel history immediately upon entry to the facility.

- ❖ If you have any of the symptoms on this form, we cannot allow your entry until your symptoms have resolved.
- ❖ If you have recently traveled to a Centers for Disease Prevention and Control (CDC) Level 3 Affected Country/Area or if you have had **prolonged contact** to an exposed person we cannot allow your entry at this time.

Staff Attestation		Recent Exposure						
Date/Time	Name	Recent travel to CDC designated Level 3 Affected Countries/Areas** (Y/N)	Close contact with person diagnosed with coronavirus disease (Y/N)	Fever greater than 100.4 (List Temp)	Sneezing (Y/N)	Cough (Y/N)	Sore Throat (Y/N)	Shortness of Breath (Y/N)

Assessing Nurse's Signature: _____

**https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

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Staff Attestation		Recent Exposure		Symptom Review				
Date/Time	Name	Recent travel to CDC designated Level 3 Affected Countries/Areas** (Y/N)	Exposed to a person diagnosed with or symptoms of COVID-19 (Y/N)	Fever greater than 99.5 (List Temp)	Sneezing (Y/N)	Cough (Y/N)	Sore Throat (Y/N)	Shortness of Breath (Y/N)

Assessing Nurse's Signature: _____

**https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

COVID-19 Resident Vital & Symptom Log

Date: _____ Unit: _____

Resident Name	Room #	Temp.	O2 Sat	B/P	Pulse	Resp.	Sneezing (Y/N)	Cough (Y/N)	Sore Throat (Y/N)	SOB (Y/N)	Assessing Nurse

Daily Symptom Attestation Form COVID-19

Dear Visitor:

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FORM IS TO BE COMPLETED IN ITS ENTIRETY

Visitor Attestation		Recent Exposure							
Date/Time	Name	Recent travel outside of the USA (Y/N)	Close contact with person diagnosed with coronavirus disease (Y/N)	Fever greater than 100.4 (List Temp)	Sneezing (Y/N)	Cough (Y/N)	Sore Throat (Y/N)	Shortness of Breath (Y/N)	Pre/Post Visit Education (Y/N)

**https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

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FORM IS TO BE COMPLETED IN ITS ENTIRETY

Visitor Attestation		Recent Exposure		Symptom Review					Education
Date/Time	Name	Recent travel outside of the USA (Y/N)	Exposed to a person diagnosed with <u>or</u> symptoms of COVID-19 (Y/N)	Fever greater than 99.5 (List Temp)	Sneezing (Y/N)	Cough (Y/N)	Sore Throat (Y/N)	Shortness of Breath (Y/N)	Pre/Post Visit Education (Y/N)

**https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

Taking Reasonable Efforts to Prevent COVID-19 From Entering Your Skilled Nursing Center
(as of March 9, 2020)

The top priority at this point with COVID-19 is to prevent the virus from entering your nursing home given the high case fatality rate in the elderly, which preliminary data shows it at 15% or greater. Evaluations from prior viral epidemics that spread like COVID-19 found that actions taken early in outbreaks (such as social distancing, restricting interaction with others, washing hands) can significantly reduce the spread of the virus. Waiting until the virus is spreading in the community is often too late.

As such, AHCA strongly recommends five actions to help prevent the entry of COVID-19 into your facilities whether or not it has been found in your surrounding community.[1]
1. Allow entry to only individuals who need entry.
2. Restrict activities and visitors with potential for exposure.
3. Actively screen individuals entering the building and restrict entry to those with respiratory symptoms or possible exposure to COVID-19.
4. Require all individuals entering the building to wash their hands at entry.
5. Set up processes to allow remote communication for residents and others.

#1 Restrict entry to only individuals who need entry, such as:

- Facility employees, contractors and consultants who are needed to keep the operations running and assure the residents' needs are met.

- Government officials who in their capacity require entry (e.g., CDC or public health staff).

- Immediate families or friends who need to visit for critical or time sensitive reasons such as hospice-related visits, complete medical authorizations, etc. These visitors should be instructed to limit their movement within the facility.

  Visitor Exceptions: AHCA/NCAL's recommendation is <u>NOT</u> for a complete ban on all visitors. The circumstances for the reason for entry need to be taken into consideration, particularly for immediate family members (e.g. spouse or sons/daughters) but routine social visits are strongly discouraged. The rationale for this best practice should be explained, and alternative methods of communications offered. We recommend that the resident (or the resident representative) be consulted to determine if a resident wants or needs a specific visitor, including immediate family members, and to allow entry if they do not meet any of the screening exclusion criteria in #3 below.

#2 Restrict activities and individuals with potential for exposure, including:

- Visitors, when there are any confirmed COVID-19 cases in the surrounding community. This does not apply to workforce needed to keep the operations going and to meet resident needs.

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[1] These recommendations build upon what CMS and CDC currently recommend. We urge members to adopt these additional best practices when possible based on the growing data about the high mortality rate among the elderly over the age of 80 with chronic disease (estimated at 15%), who comprise the majority of our residents. Waiting until the virus starts to spread in the community, has been shown in prior viral epidemics to be too late. (Note the case fatality rate in the Kirkland WA SNF was over 50% based on data available on King County Health Departments website as of 3-7-20). To date, nearly all the deaths in the United States have been in individuals over the age of 70.

- Other visitors for routine social visits, tours with prospective residents or their families, and outside group activities (e.g., school groups or bands, etc.) should be restricted.
- Cancel activities that take residents into the community to public places particularly with large gatherings, such as mall, movies, etc. (note: this does NOT apply to residents who need to leave the building for medical care such as dialysis, medical visits, etc).
- Internal group activities should be restricted, especially if: a) the facility has residents with respiratory symptoms (who should be in contact isolation per CDC guidance); b) if COVID-19 is in the surrounding community; and/or c) the ability to restrict visitors is challenging in the facility.

Facilities should also continue to use CDC recommended signage reminding people that anyone with symptoms of respiratory illness should not enter the facility, including employees, government officials and contractors.

#3 Actively try to screen all individuals entering the building, including employees, contractors, volunteers, visitors, new admissions, government officials, and health care professionals. The screening process[2] should include asking individuals for:

- Respiratory symptoms (fever, sore throat, cough and new shortness of breath);
  [Please note: As of March 7, taking temperatures is not included in any CDC or CMS recommendations and AHCA/NCAL is not recommending taking temperatures. Extenuating circumstances should be taken into consideration, but in these cases, individuals should use gown, mask and gloves during their visit.]

- International travel within the last 14 days to areas where COVID-19 cases have been confirmed.

- Anyone who has worked in another health care setting with confirmed COVID-19 cases (this may change as COVID-19 spreads in your community)

#4 Require all individuals entering the building to wash their hands at entry.

- If technically possible, set up hand washing and/or alcohol-based hand rub (ABHR) stations immediately inside all entryways with signage reminding people to wash before entering.

- Have each person who enters the center immediately wash their hands or use hand sanitizer before they do anything else.

- Encourage them to wash their hands or use ABHR throughout their time in the building and in accordance with CDC recommendations. CDC recommendations includes increasing the access to ABHR.,

- Clean and disinfect frequently touched objects and surfaces following manufacturer's directions.

- Remind people to not shake hands or hug with each other, staff or residents during this epidemic.

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[2] See AHCA screening tool available on AHCA/NCAL COVID19 website.

March 9, 2020

#5 Set up a process to allow remote communication for residents and others.

- Ensure emergency contact information for family members and the resident representative is up to date.

- Develop alternative means of communications for residents to visit and talk with loved ones, such as video chat, telephone, texting or social media.

- Inform residents or their representatives of these changes using clear, concise, jargon-free messages that express empathy for their situation while simply explaining the policy.

- Ensure proactive communication with residents' families, loved ones, contractors, volunteers, etc. to make them aware of these restrictions; and to keep them up to date.

- Develop a process for family members to communicate with the facility to get answers to their questions.

Frequently Asked Questions

Who should NOT enter your center?

- Anyone who has symptoms of respiratory illness or has traveled internationally within the last 14 days to areas where a COVID-19 outbreak has been confirmed.
- If COVID-19 is confirmed in your surrounding community, visitors should be restricted. This does not apply to the facility workforce or contactors.
- Any one has worked in another healthcare setting with COVID-19 patients (this may change as COVID-19 spreads in your community)

Who should be screened?

- Anyone who is entering your center including staff, visitors, contractors and government employees.

How do I conduct a respiratory symptom screen?

- Ask and observe for signs or symptoms of acute respiratory: (cough or sneezing or shortness of breath).
- Ask for symptoms of fever, sore throat, cough, shortness of breath.
  - *Please note: As of March 7, taking temperatures is not recommended.*

What if a person refuses and tries to enter?

- Explain the rationale for the restriction and need to keep all the residents safe.
- Offer them an alternate way to communicate with the person they want to see.
- Talk with the resident or person they want to see, to make sure they want to see the person and explain that person's request.
- Use best judgement and assess extenuating circumstances for entry.
  [Note: this guidance is not a ban on all visitors and SNFs cannot be expected to physically restrain individuals from entering but should do what is feasible to explain the rationale for the restriction. Federal regulations permit SNFs to limit visitation if it poses a clinical or safety risk].

Resources to Facilitate Communication

AHCA/NCAL offers a number of communication resources on our coronavirus website (www.ahcancal.org/coronavirus), including:

- Screening tool for visitors
- Template letters for families and residents
- Template letters for employees
- Template statement and talking points for impacted and non-impacted facilities
- A guide on communication plans during an emergency

AHCA/NCAL strongly recommends all centers review the CDC guidance on COVID-19 by checking the CDC website frequently as guidance and recommendations are continuing to rapidly evolve.

Please email COVID19@ahca.org with any questions.

For additional information and resources on the virus, visit our dedicated website on this issue: www.ahcancal.org/coronavirus.

Taking Reasonable Efforts to Prevent COVID-19 From Entering Your Assisted Living Community
(as of March 9, 2020)

The top priority at this point with COVID-19 is to prevent the virus from entering your assisted living community given the high case fatality rate in elderly over the age of 80 with preliminary data showing it at 15% or greater. Evaluations from prior viral epidemics that spread like COVID-19 found that actions taken early in outbreaks can significantly reduce the spread of the virus. Waiting until the virus in spreading in the community is often too late.

As such, AHCA/NCAL strongly recommends the following actions to help prevent the entry of COVID-19 into your facilities regardless of whether your surrounding community has confirmed cases.[1]

1. Limit entry to only individuals who need entry.
2. Restrict activities and visitors with potential for exposure.
3. Restrict individuals who have respiratory symptoms or potential COVID-19 exposure out of an abundance of caution.
4. Require all staff entering the building to wash their hands upon entry and encourage all essential visitors do so as well.
5. Set up process to allow remote communication for residents and others.

We recognize that assisted living communities are committed to providing a home-like environment for their residents, many of whom are high functioning, mostly independent individuals. In addition, assisted living settings vary in size, scope of care, and policies. In certain assisted living communities, residents are able to enter and exit the building freely and family members may have unlimited access to the community to visit at any time. We also recognize that many assisted living communities have multiple entrances without any receptionist or a receptionist at limited times, which may make it challenging to monitor entry at all entrances and at certain times of day.

However, due to the very serious impact COVID-19 will continue to have on our elderly population and those with underlying conditions, we are recommending that you evaluate your current visitation policies to determine whether some of these best practices could be implemented at your communities. Because of the diverse nature of assisted living, each community must focus on steps they are able to enact now to mitigate COVID-19 in their communities, taking into account their state regulations, local health department guidance, staffing capabilities, residents' rights and family concerns.

#1 Limit entry to only individuals who need entry, such as:
- Facility employees, contractors, consultants who need to keep the operations running and assure the residents' needs are met.
- Government officials who in their capacity require entry (e.g., CDC or public health staff).

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[1] These recommendations build upon what CMS and CDC currently recommend. We urge members to adopt these additional best practices when possible based on the growing data about the high mortality rate among the elderly over the age of 80 with chronic disease (estimated at 15%), who comprise the majority of our residents. Waiting until the virus starts to spread in the community, has been shown in prior viral epidemics to be too late. (Note the case fatality rate in the Kirkland, WA skilled nursing facility was over 50% based on data available on King County Health Departments website as of 3-7-20). To date, nearly all the deaths in the United States have been in individuals over the age of 70.

- Immediate families or friends who need to visit for critical or time sensitive reasons such as hospice-related visits, complete medical authorizations, etc.

  Exceptions: AHCA/NCAL's recommendation is NOT for a complete ban on all visitors. The circumstances for the reason for entry need to be taken into consideration, particularly for immediate family members (e.g. spouse or sons/daughters), but routine social visits are discouraged. The rationale should be explained, and alternative methods of communications offered. We strongly recommend that the resident (or the resident representative) be consulted to determine if a resident wants or needs a specific visitor, including immediate family members, and allow entry if they do not meet any of the screening exclusion criteria in #2 below.

Some best practices that may be possible in your facility include:
- Post signage clearly in your facility. The CDC provides [sample signage](#) for your use to ensure that all those entering or exiting your buildings are aware of the risks associated with COVID-19 and the recommended precautions they should take.
- Notify all residents, family members and other loved ones. Ask your residents to strongly encourage their family members and friends to not visit for the time being.
- Establish specific visiting hours. Specifically, consider limiting visitors to only daytime hours (e.g., 9:00 a.m. to 7:00 p.m.) when staff can more closely monitor a visitor entrance.
- Close more than one entry point in accordance with life safety regulations. Consider having one central entry location (e.g., main entrance).
- Enact a sign-in policy to encourage all visitors to check in with staff and conduct possible screening for COVID-19.

#2 Restrict activities or individuals with potential for exposure, including:
- Visitors, when there are any COVID-19 confirmed cases in the surrounding community. This does not apply to workforce needed to keep the operations going and to meet resident needs.
- Other visitors for routine social visits, tours with prospective residents or their families, and outside group activities (e.g., school groups or bands, etc.) should be restricted.
- Cancel activities that take residents into the community to public places particularly with large gatherings, such as mall, movies, etc. (Note: this does NOT apply to residents who need to leave the building for medical care such as dialysis, medical visits, etc.).
- Internal group activities should be restricted, especially if: a) the facility has residents with respiratory symptoms (who should be in contact isolation per CDC guidance); b) if COVID-19 is in the surrounding community; and/or c) the ability to restrict visitors is challenging in the facility.

Facilities should also continue to use CDC recommended signage reminding people that anyone with symptoms of respiratory illness should not enter the facility, including employees, government officials and contractors.

#3 Restrict individuals who have respiratory symptoms or potential COVID-19 exposure out of an abundance of caution, including employees, contractors, volunteers, visitors, new admissions, government officials, and health care professionals. Post notices for individuals to assess their risk which would include any individuals with:
- Respiratory symptoms (fever, sore throat, cough and new shortness of breath); and

[As of March 9, taking temperatures is not included in any CDC or CMS recommendations and AHCA/NCAL is not recommending taking temperatures. Extenuating circumstances should be taken into consideration, but in these cases, individuals should use gown, mask and gloves during their visit.]

- International travel within the last 14 days to areas where COVID-19 cases have been confirmed.
- Anyone who has worked in another health care setting with confirmed COVID-19 cases *(this may change as COVID-19 spreads in your community)*.

Anyone who is symptomatic for respiratory illness or has traveled within the last 14 days to areas where a COVID-19 outbreak has been confirmed, including communities in the United States that are exhibiting community spread should not enter the community (extenuating circumstances may be taken into consideration; but those individuals must wear mask, gown and gloves to reduce the risk of spreading any viruses).

#4 Require all staff entering the building to wash their hands upon entry and encourage all essential visitors do so as well.
- If possible, set up hand washing and/or alcohol-based hand rub (ABHR) stations immediately inside all entryways with signage reminding people to wash before entering.
- Ask each person who enters the community to immediately wash their hands or use hand sanitizer before they do anything else.
- Encourage them to wash their hands or use ABHR throughout their time in the building and in accordance with CDC recommendations. CDC recommendations include increasing the access to ABHR.
- Clean and disinfect frequently touched objects and surfaces following manufacturer's directions.
- Remind people to not shake hands or hug each other, staff or residents during this epidemic.

#5 Set up a process to allow remote communication for residents and others.
- Ensure emergency contact information for family members and the resident representative is up to date.
- Develop alternative means of communications for residents to visit and talk with loved ones, such as video chat, telephone, texting or social media.
- Inform residents or their representatives of these changes using clear, concise, jargon-free messages that express empathy for their situation while simply explaining the policy.
- Ensure proactive communication with residents, loved ones, contractors, volunteers, etc. to make them aware of these restrictions and to keep them up to date.
- Develop a process for family members to communicate with the facility with questions.

Frequently Asked Questions

Who should NOT enter your assisted living community?
- Anyone who has symptoms of respiratory illness or has traveled within the last 14 days to areas where a COVID-19 outbreak has been confirmed.

- Anyone who has traveled internationally within the last 14 days to areas where COVID-19 cases have been confirmed.
- Anyone who has worked in another health care setting with confirmed COVID-19 cases (this may change as COVID-19 spreads in your community). This does not apply to workforce needed to keep the operations going and to meet resident needs.

How do I inform people about entry restrictions?

- Post signage at all entries, CDC and others have posters that you may consider using.
- Communicate with your residents and their families
- Communicate with your vendors, contractors, consultants, etc.

What if a person refuses and tries to enter?

- Explain the rationale for the restriction and need to keep all the residents safe.
- Offer them an alternate way to communicate with the person they want to see.
- Talk with the resident or person they want to see, to make sure they want to see the person and explain that person's request.
- Use best judgement and assess extenuating circumstances for entry.

Resources to Facilitate Communication

AHCA/NCAL offers a number of communication resources on our coronavirus website (www.ahcancal.org/coronavirus), including:

- Template letters for families and residents
- Template letters for employees
- Template statement and talking points for impacted and non-impacted facilities
- A guide on communication plans during an emergency

AHCA/NCAL strongly recommends all long term care facilities review the CDC guidance on COVID-19 by checking the CDC website frequently as guidance and recommendations are continuing to rapidly evolve.

Please email COVID19@ahca.org with any questions.

For additional information and resources on the virus, visit our dedicated website on this issue: www.ahcancal.org/coronavirus.

SNF to Hospital and Hospital to SNF COVID 19 Transfer Communication Tool

Resident/Patient Name:_____

Transferring Facility:_____

Receiving Facility:_____

Date of Transfer:_____

1. Has the patient tested positive for COVID-19?

   ☐ Yes   ☐ No

2. Date of initial positive test:_____
3. If yes, has the patient had 2 subsequent negative test results?
4. Dates of subsequent negative tests:_____

   (If patient was positive and has subsequent negative testing STOP and call the receiving facility to have further discussion regarding current clinical status of the patient.)

5. Has the patient exhibited signs and symptoms of COVID-19 during admission to the facility (Cough, sneezing, fever >100, SOB, sore throat)?

   ☐ Yes   ☐ No
6. Has the patient had a positive chest x-ray since admission?

   ☐ Yes   ☐ No   ☐ N/A
7. If answer to 6 is yes, results:_____
8. Has the patient been in contact with anyone who has been tested as positive for COVID-19?_____
9. Date of exposure: _____
10. Has the patient been to any of the restricted travel areas (Japan, S. Korea, Iran, China, and Italy), traveled internationally or traveled on a cruise ship in the last 14 days?

    ☐ Yes   ☐ No

11. Dates and countries of travel:_____
12. Has anyone in your facility tested positive for COVID-19 or has been presumed positive?

    ☐ Yes   ☐ No

13. If yes to question 12, has the Department of Health been notified?

If the answer is "yes" to question 12, STOP and have a conversation with receiving center regarding facility status.

Signature of Screener:_____

Title:_____

Date:_____Time:_____