COVID-19
COMMUNITY ACCESS AND INFECTION CONTROL

NOVEMBER 3, 2020

Since Argentum’s first Community Access and Infection Control Guidance dated March 24, 2020, it has been widely experienced that COVID-19 can have devastating effects on the health and overall welfare of residents. Beyond the physical aspects of the body, emotionally some residents have felt isolated leading to risk for anxiety/depression and other upset.

Continuing visitation, in cooperation with local and state authorities, is the best option to heighten resident spirits and to shorten the distance experienced by residents and their families and loved ones.

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

**CMS Guidance March 2020:** CMS Announces New Measures to Protect Nursing Home Residents from COVID-19

**CDC Guidance:** Preparing for COVID-19 in Nursing Homes

**CMS Guidance Updated September 2020:** Nursing Home Visitation – COVID-19

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The following information has been compiled to assist with decision making on issues related to managing community access and other aspects of infection control.
1. **What measures can I implement to help prevent the spread of COVID–19 in my community?**

Indoor visitation is encouraged even beyond compassionate care. Visitors must participate and support community efforts toward keeping the virus out of the building. The following steps can help to reduce the risk of COVID-19 transmission.

a. Limit visitation until there has been no new cases of COVID-19 among residents or staff in the previous 14 days and the community is not currently conducting outbreak testing.

b. Staff should monitor visitors and apply protocols to all who may have difficulty following them such as children.

c. Visits should be scheduled with a limited number of visitors per resident at one time and limit the total number of visitors in the building at one time for a specific length of time.

d. Communities should use the COVID-19 county positivity rate as additional information to determine how to facilitate indoor visitation:
   - **Low (<5%)** = Visitation should occur according to set community protocols of COVID-19 infection prevention.
   - **Medium (5%–10%)** = Visitation should occur according to set community protocols of COVID-19 infection prevention.
   - **High (>10%)** = Visitation should only occur in compassionate care situations according to set community protocols of COVID-19 infection prevention.

To assist in weekly tracking of COVID-19 go to COVID-19 Nursing Home Data.

Compassionate care visits have previously been regarded as end of life visits. However, compassionate care visits also include and should not be limited to:

- A resident living with their family before moving in and is struggling with the transition and the absence of family support
- A resident who is grieving after the death of a close friend or family member
- A resident who needs encouragement and cueing after weight loss/dehydration with drinking and eating previously provided by friends, family, or previous caregiver prior to move-in
- A resident who has become less socially active, communicates less, appears in emotional distress, or exhibits anxious or depressed behaviors
- Allowing spiritual leaders, clergy, or congregational representatives offering religious and spiritual support
Compassionate care visits should be physically distanced at all times. If during the visit, the visitor and community can establish a way to allow personal contact that follows the set infection control policies appropriately.

Contact the ombudsman program to assist with the identification of the need for compassionate care visits.

e. Upon entering the community have all employees and visitors use hand sanitizer and reinforce the frequent practice of washing hands for at least 20 seconds to remove germs. Employees should be encouraged to wash their hands and use hand sanitizer where soap and water are not available.

f. Visitors should wear a face covering and applied prior to entering the community.

g. All staff wear masks or face coverings appropriate to duties and/or as directed by local health department or state regulatory authorities.

h. Differentiate between the processes of monitoring and screening.

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

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

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

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

Questions that may be asked to support screening processes include:

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

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

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

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

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

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

i. “Well” residents may choose to self-Isolate when there is not a mandatory quarantine.

j. Keep all screening tool information in a secure location and ensure HIPAA guidelines are followed. It may be helpful to use a tabbed binder for communication forms, screening tools, and maintaining related documentation.

k. Adopt the language used by the CDC, your local Health Department and specified in state regulations. There have been many terms used by the media to describe distancing oneself from others. In some states the words isolation or quarantine would never be used. Consider, “The community has made arrangements to maintain physical distancing with support from residents, family members, and visitors.”

l. Post signage to provide visitors information and education regarding COVID-19 including signs and symptoms, community expectations of visitors. Inform visitors to use specified routes, exits, meeting areas, and face coverings while in the community.
m. Clean and disinfect high frequency touch surfaces often in the community and designated visitation areas following each visit. Document these practices.

n. Cohorting of resident protocols.

o. Resident and staff COVID-19 testing as directed by local health department or regulatory authorities.

p. As COVID-19 has a higher positivity rate in the geographic area where the community is located, have a communication plan to ask families not to visit the community and discuss with residents that trips out of the community are discouraged.

See “Preparing for COVID-19 in Nursing Homes” for additional insight.

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

   a. Establish a main entry point for every building on your campus.

   b. If an employee, third-party contractor, or resident(s) are showing signs of respiratory illness, insist that the person consult a physician.

   c. Communicate frequently with families during any infectious disease event.

   d. Advise families, volunteers, and other nonessential health care personnel to stay away from the community as many residents have underlying conditions that will complicate their recovery if infected.

   e. Residents will be limited in what they can decide in a number of cases if there is a suspected or confirmed case. There are resident decisions and community decisions to be made regarding COVID-19. Further, residents vary in their knowledge regarding COVID-19.

   f. Suspend and/or avoid group activities, large events, and activities. Plan physically distant, scheduled dining, activities, and time with visitors. Disinfect thoroughly after each. Consider allowing residents to opt for in-room dining. Follow the directives given by the local health department and state authorities.

   g. If visitation is permitted, communities geographically located in medium to high positivity areas should encourage visitors, prior to visiting, to get tested.
on their own ideally 2 to 3 days in advance of visiting. Visitors should bring proof of negative test results with the date of the test to the community.

h. Accommodate outdoor visitation as weather permits. Visits can be conducted in a manner that reduces the risk of spreading the virus by being scheduled, utilizing physical distancing, controlling the number of visitors and duration of time spent with the residents. Check with your local health department and state authorities for details or additional information.

i. Review your infection control policies with your employees, residents, families, and visitors.

j. Follow the direction received from the local health department and stay in touch with CDC, CMS, and state agencies.

k. Utilize your community or internal corporate support system to provide ongoing and frequent community updates, from the media and the CDC, as to exposure or exposure potential.

l. Use disposable cups, plates, and utensils if it becomes necessary to confine residents to their rooms.

m. Review with department directors their inventory and need for Personal Protective Equipment (PPE), such as gloves, masks, gowns, as well as proper disposal of these items.

n. Review labels for proper use of cleaning and disinfection products, and to ensure effectiveness against COVID-19 or emerging pathogens. Inventory these products to ensure sufficient supply for enhanced cleaning measures.

o. Review cleaning/disinfection schedules and increase where warranted, focusing on the most frequently used high touch items and surfaces, such as elevator buttons, handrails, doorknobs, etc.

p. Provide virtual-only visits for residents being tracked for COVID-19.

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

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

Continue to monitor guidance from CDC for updates.

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

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

a. There are currently no specific recommendations on this question. Consider this issue on a case-by-case basis. The resident's care needs are the first consideration.

b. For residents temporarily leaving the community, be prepared to support transfer and explain policies for returning to the community. It may be prudent to note that return policies could change without notice.

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

a. The fact remains, there are people who may need the immediate support of assisted living and communities may feel a sense of obligation to serve those in need.

b. Communities that continue to accept residents should check with their local health departments first and then consider options to limit resident contact during tours.

c. Consider options for conducting virtual tours. If in-person tours are conducted, consider shortening the tour and evaluate options for avoiding resident contact.

d. Consider limiting in-person tours to those that are scheduled in advance. Screen for signs/symptoms of COVID-19 prior to permitting prospective residents to come onto community premises. If an interested person walks in unexpectedly, schedule a tour for an appropriate time and perform any necessary health screen before the tour.

e. If COVID-19 is active in your community, follow state regulations and direction from the local department of health.
SAMPLE SCREENING CHECKLIST FOR COVID 19

NAME: ___________________________________ DATE: ______________

ADDRESS: __________________________________________________________________

PHONE NUMBER: ____________________________________________________________

EMAIL ADDRESS: ___________________________________________________________

1. Are you feeling generally well today? (Y/N) _____

2. Have you visited any other healthcare facilities within the past 14 days? (Y/N) _____

3. Have you traveled internationally within the past 14 days? (Y/N) _____

4. Have you traveled to any areas with known outbreaks within the past 14 days? (Y/N) _____

5. Have you traveled by plane or cruise ship within the last 14 days? (Y/N) _____

6. To the best of your knowledge, have you come into contact with anyone who has tested positive for COVID-19 or has symptoms of COVID-19? (Y/N) _____

7. Have you exhibited any symptoms within the past 24 hours, including fever, sore throat, cough, chills or shortness of breath? (Y/N) _____

Record temperature taken:

Recorded by:

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