

## Visitation

1. Visitation is prohibited, except for:
  - Compassionate Care situation restricted to end-of life. *(See Compassionate Care document)*
    - i. Virtual visitation encouraged
  - Compassionate care visitors are screened upon entry and additional precautions are taken, including social distancing and hand hygiene.
  - Any allowed visitors are screened prior to access and must wear a facemask or cloth face covering for the duration of their visit.

## Compassionate Care Procedure for Visitation

1. Visitors will be advised to consider deferring visitation
2. Visitors to be at least 16 years of age.
3. Visitation will be restricted to the resident's room.
4. Visitors will enter the single access point to building and must be wearing a facemask. Associates will meet family visitor at the door, and walk the visitor through the screening process. If the visitor does not pass the screening, they will NOT be permitted to enter and visit their loved one.
5. Visitors will be required to read and sign acknowledgement of compliance.
6. When the visitor passes the visitor screen, they will be instructed on how to wear the appropriate PPE and of the requirement to maintain PPE throughout the entire visit.
7. Visitors will be instructed that they must adhere to infection prevention measures that include the following:
  - Perform frequent hand hygiene
  - Refrain from touching surfaces
  - Remain in the approved visitation area
  - Maintain physical distancing (*at least 6ft apart*) while outside of visited room.
8. Visitors will be instructed to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the building. If symptoms occur, they are to take the following actions:
  - Notify Legend Senior Living of:
    - i. Their symptoms
    - ii. The date of their visit
    - iii. The individuals they were in contact with
    - iv. The location they visited
9. If a visitor reports signs or symptoms of respiratory infection to Legend Senior Living after an approved visit, additional screening of the individuals the visitor was in contact with may be implemented, and necessary actions taken based upon findings.
10. Following a visit, Legend staff to sanitize the high touch areas, chairs etc. in the visitation area.

## Essential/Non-Essential Healthcare Personnel

1. Restricted entry of non-essential healthcare personnel based on risk analysis of essential services.
2. Non-essential personnel may be allowed into the building following an infection control risk analysis by the facility.
  - All healthcare personnel are screened upon entry and additional precautions are taken,
  - Including hand hygiene, donning of appropriate PPE as determined by the task; and at a minimum wearing a facemask for the duration of their visit.

## Non-Medically Necessary Trips

1. Telemedicine should be utilized whenever possible.
2. Non-medically necessary trips outside the building should be avoided when possible.
  - For medically necessary trips away from of the community:
  - The resident must wear a cloth face covering or facemask; and
    - i. Resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.
  - Transportation staff must wear a facemask at all times.
3. Additional PPE may be required for transportation of residents who are symptomatic and or as needed.
4. Transportation equipment shall be sanitized between transports.
5. Where the resident left the community unsupervised, quarantine for 14 days upon return if asymptomatic and/or place under enhanced observation with frequent screening for signs and symptoms.
6. Require supervised movement in the community for up to 14 days.

## Communal Dining

1. Communal Dining is prohibited in the Red Phase.

## Resident Screening

1. Screening completed a minimum of twice daily for symptoms of acute respiratory illness and for other symptoms of COVID-19 including:
  - Dry cough
  - Fatigue
  - Sore throat
  - Gastrointestinal illness (Nausea, Vomiting, diarrhea)
  - Conjunctivitis
  - New onset of loss of taste or smell
2. Vitals Monitoring:
  2. Oxygen Saturation and Temperature obtained
  3. Adverse values reported to licensed nurse
  4. Documentation of Findings:
    - Information placed in clinical record.
2. Monitoring: Healthcare Director and or designee will monitor documentation of resident screening daily.

## **Associate Screening**

1. Screening occurs at the beginning of shift.

- Vitals Monitoring:
  - i. Temperature obtained during screening
- Associates screened for symptoms of acute respiratory illness and for other symptoms of COVID19 including:
  - a. Dry cough
  - b. Fatigue
  - c. Sore throat
  - d. Gastrointestinal illness (Nausea, Vomiting, diarrhea)
  - e. Conjunctivitis
  - f. New onset of loss of taste or smell
  - g. Exposure Risk Screening Questions Reviewed
  - h. Documentation of Findings:
    - i. Associate sign in log
  - i. Monitoring: Residence Director and or designee will monitor documentation of associate screening daily.

## **Infection Control & Personal Protective Equipment (PPE)**

1. Associates wear minimum PPE of a surgical mask and protective eyewear when within 6ft of others.
2. Associates wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with Legend Senior Living PPE optimization strategies.
3. New admissions or readmissions from a hospital setting to remain in a room holiday for a minimum of 14 days.
4. Infection Control Measures and Monitoring; See Infection Prevention and Control Plan

## **Minimizing Exposure Risks**

1. Zoning
  - Community is separated in zones for managing care for residents who are symptomatic or testing positive with COVID-19.
2. Re-entry testing required
  - Re-Entry: If a COVID-19 positive resident is returning to the community and has a roommate; the individual returning should be placed in a private room until criteria for discontinuation of precautions is met with the test-based or symptom-based criteria.
3. Cohorting to take place with positive cases.
4. Implementation of PEAK protocols; See PEAK Protocols Document

## **In-Room Holiday Protocols; Quarantine**

### **1. Room Holiday (Quarantine)**

- Residents are asked to limit movement to within their room as much as possible during the below occurrences:
  - i. Admission to the building
  - ii. Re-entry
  - iii. Exposure in an un-controlled environment or public place where not EVERYONE is practicing social distancing at all times and does not have appropriate mask usage in place.
- Notify Residents and families about the safety and wellness reasons for room holiday.
- Provide the below information to residents:
  - i. Limit movement to within your apartment until 14 days after your exposure as possible
  - ii. Notify your wellness team or Residence Director if you begin feeling ill
  - iii. As much as possible, stay away from others during the 14-day exposure period
  - iv. Discuss with the resident that associates will be wearing enhanced personal protective equipment.
  - v. Ask the resident to help others around them to stay well and protect themselves by wearing a mask when others are in their room.
  - vi. Show empathy. Let residents know that you understand that this is a difficult time

### **2. Temporary Suspension of Room Holiday**

- When necessary, plan for scheduled and supervised times for the resident to come out of the apartment when others are not around. During this time, movement should be limited to the resident's zone if possible and resident to wear a mask at all times.
  - i. Examples of when a Room Holiday break should occur:
    - a. Assistance with intake
    - b. Exercising needs
    - c. Social, mental and physical wellness needs
    - d. Other occurrences as needed and reviewed by Healthcare Director and or Residence Director

## **Group Activities**

1. Group activities are restricted to only those activities that can be completed with social distancing, hand hygiene, and use of a cloth face covering or facemask.
2. Engagement through technology is preferred to minimize opportunity for exposure.
3. Encourage Virtual Activities when possible.

## **Testing**

1. Baseline testing of associates and residents completed in order to determine phase progression.

## **Phase Regression**

1. Continue to monitor for the presence of COVID-19.
  - Resident, Associate and Visitor screening.
2. Progress through the different phases of re-opening until;
  - Associate or resident is confirmed positive for COVID-19 and another individual has symptoms, at which time, the facility will return to the red Phase protocols.