



Phase Yellow

Pennsylvania Phased Re-Opening Plan

Yellow Phase Consideration

1. Consideration for Yellow Phase can occur when meeting the following metrics:

- 14 days since resolution of symptoms for the last positive or suspected case identified in the community.
- Adequate staffing levels.
- Adequate supply of PPE
- Ability of local hospital to accept referrals/transfers.
- Capable of co-horting residents with dedicated staff in the case of suspected or positive cases.

Visitation

1. Visitation is restricted, except for:

- Window visitation; See Window Visitation Protocols
- Outdoor visitation; See Outdoor Visitation Protocols
- Compassionate Care Situations: (See Compassionate Care Protocols)

2. All visitors are screened prior to access

3. Visitors unable to pass screening protocols are to refrain from visits

4. Any allowed visitors are screened prior to access and must wear a facemask or cloth face covering for the duration of their visit.

5. Virtual visitation is encouraged

Essential/Non-Essential Healthcare Personnel

1. Limited entry of non-essential healthcare personnel based on risk analysis related to essential services

- Beautician services may open per Residence Director's discretion; See Beautician service protocols
- Non-essential personnel may be allowed into the building following an infection control risk analysis.
- 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 limited.

- For medically necessary trips away from of the community:
 - i. The resident must wear a cloth face covering or facemask; and
 - ii. Resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.

3. Transportation staff must wear a facemask at all times.

- 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. Facilities may require supervised movement in the community for up to 14 days.

Communal Dining and Activities

1. Modified Communal Dining and Activities
 - Level I; See Level I Communal Dining and Activity Protocols
 - i. Protocols Implemented with no suspected or confirmed cases, can proceed to Level II
 - Level II; See Level II Communal Dining and Activity Protocols
 - i. Protocols Implemented with no suspected or confirmed cases, can proceed to Level III
 - Level III; See Level III Communal Dining and Activity Protocols

Resident Screening

1. Screening completed a minimum of once 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:
 - Oxygen Saturation and Temperature obtained
 - Adverse values reported to licensed nurse
 - Documentation of Findings:
 - i. 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
 - j. Monitoring: Residence Director and or designee will monitor documentation of associate screening daily.

Infection Control & Personal Protective Equipment (PPE)

1. Associates must wear minimum PPE of a surgical mask and protective eyewear.
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. Pre-admission or 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.
 - Pre-admission: If preadmission testing is found positive for COVID-19, entry to the community cannot occur.
3. Cohorting to take place with positive cases

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 personal protective equipment around the resident during this time in order to reduce risk of infection to the residents and themselves.
 - v. Ask the resident to help others around them 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.
3. 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

Testing

1. Testing strategy should be implemented only if results will lead to specific actions.
2. Refer to Testing Strategy Protocols; See Testing Strategy Protocols Phase Regression
3. Continue to monitor for the presence of COVID-19.
 - Resident, Associate and Visitor screening.
4. 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.
 - a. Once returning to red phase, the community may return to the yellow phase when;
 - 14 days have passed since the last residents symptoms resolved
 - no additional residents or staff testing positive for COVID-19