ARGENTUM GUIDANCE

FOR

MANAGING COVID-19 RESTRICTIONS

JUNE 10, 2020

DISCLAIMER

Argentum, its executive staff, and consultants, have attempted to provide the best possible information as a service to the association's membership in a situation that is very quickly evolving and about which so much is unknown. Therefore, Argentum can provide no assurances nor even make any representations about the reliability or accuracy of this information. Each senior living company and each community must make decisions that each regards as in the best interests of the health and safety of residents and staff while following related state and local requirements. Argentum specifically disclaims responsibility or liability for the information it is providing from any legal, regulatory, medical, or compliance point of view.

COVID-19 is an emerging disease that is not fully understood. This document may be updated periodically as new information becomes available. Users are encouraged to check back periodically for updates using this link to Argentum's Guidance for Managing CIOVID-19 Restrictions: https://www.argentum.org/argentum-guidance-managing-covid-19-restrictions-6-10-2020-final/

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Working with state and local public health officials, senior living professionals have established comprehensive infection prevention and control protocols in response to COVID-19. These protocols and efforts have been mostly effective and, in most cases, appear to have resulted in favorable outcomes for residents, family members, staff, and other stakeholders.

Society has grown weary of the closed economy in many parts of the U.S. and is excited about the prospects of reopening. This excitement is also evident among residents, family members and staff, who recognize the importance of socializing and interaction to the physical, mental, and emotional wellbeing of seniors.

Yet it is important that all stakeholders remain vigilant for the duration of this pandemic. Getting "back to normal" will require consideration of many variables as senior living community leaders decide on easing restrictions.

The following guidance is provided to assist with planning through a phased approach for easing restrictions in senior living communities while protecting the health and safety of residents, staff, third parties, and family members. This guidance was developed by industry professionals following review and consideration of information and data from the following sources:
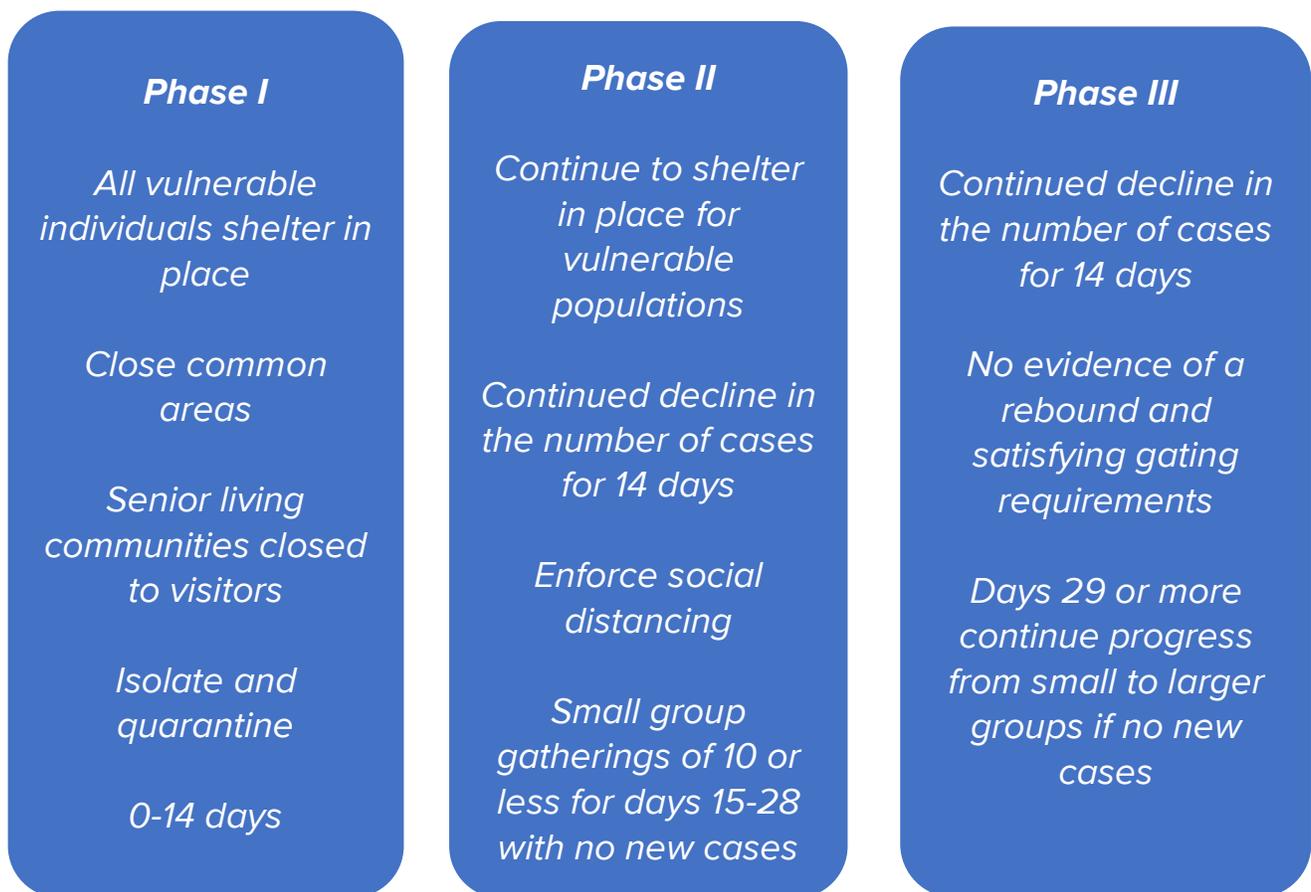
- The White House COVID 19 Task Force
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- World Health Organization (WHO)
- National Governors Association

Senior living providers also use guidance and directives applicable from city, county, and/or state officials important to mitigating COVID-19 and easing restrictions. This knowledge will assist with planning for compliance with the directives needed to stop the spread of the virus in the community and continue operations. Consideration of the facts and data behind the information will assist with decision-making.

Federal Guidance
The information and guidance provided by the federal government provides directives and "gating processes" that support plans for easing restrictions based on defined criteria. Gating processes refer to the criteria required for the downward trajectory of positive cases within a 14-day period. These criteria can be found in the document

"Guidelines – Opening Up America Again." (State and local officials may have additional requirements).

Phase I	Phase II	Phase III
All vulnerable individuals shelter in place	*Continue to shelter in place for vulnerable populations*	*Continued decline in the number of cases for 14 days*
Close common areas	*Continued decline in the number of cases for 14 days*	*No evidence of a rebound and satisfying gating requirements*
Senior living communities closed to visitors	*Enforce social distancing*	*Days 29 or more continue progress from small to larger groups if no new cases*
Isolate and quarantine	*Small group gatherings of 10 or less for days 15-28 with no new cases*	
0-14 days		

This guidance addresses the following subjects;

- Planning to continue to engage all preventive measures: hand and respiratory hygiene, face coverings, masks, and social distancing.

- Planning to maintain adequate supplies. (PPE, disposable plates and utensils, and cleaning/disinfection products).

- Educating and training for staff, residents, and families.

- Continuing environmental sanitation and disinfection.

- Evaluating sick leave policies and protocols for staff.

- Reinstating visitation for families and others as appropriate.

- Continuing steps to manage and/or reduce in-person contact points for residents.

Upon completion of verification of the information found in the gating process, continue to the three phases as outlined in the Guidelines for Opening Up America Again.

Each phase addresses actions for employers, individuals, and specific types of employers, like senior living. This plan gives an overview of actions needed.

Protocols and practices are provided for consideration in the Appendix – Managing COVID-19 Restrictions Phasing Guidelines.

Planning Guidance and Considerations
Easing of restrictions can be considered when 14 days have passed with no new COVID-19 cases. The information provided below can help with planning details.

I.   The World Health Organization recommends a controlled, slow, and step-wise approach, using two-week intervals (an incubation period) to identify any adverse effects.

II.   Greater details of easing restrictions can be found by state in the National Governors Association Roadmap. These recommendations are reflected in guidance available from other sources.

III.   Continue to evaluate new cases in the local area (e.g. city, county).

IV.   There remain many unknowns about the coronavirus and COVID-19, so be prepared to adjust plans to ease restrictions and continue infection control measures for pandemics as warranted, and as more information becomes available.

V.   Evaluate testing strategies. Refer to the CDC, state, and local guidance. All residents and staff should be tested once there has been an identified positive COVID-19 test in a community.

VI.   Consider all plans as they relate to the senior living venues (Independent Living, Assisted Living, Memory Care, CCRC) offered at the community or on campus.

VII.   Prepare family visitation plans. Visits should be managed and controlled, including advanced scheduling. Visits should be held indoors in the resident's apartment, or other private space, or outdoors (weather permitting) using social distancing. Appropriate masking protection should be used by staff, residents, and visitors.

VIII. Utilize source control, which is the use of a cloth face covering or facemask to cover a person's mouth and nose, to prevent spread of respiratory secretions when talking, sneezing, or coughing.

IX. Facilitate the use of face coverings and or masks according to CDC recommendations for everyone in the community. Direct care and services staff to wear appropriate PPE when interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE.

X. Reinforce Social Distancing and the importance of this practice of six feet between persons.

XI. Educate staff, residents and visitors on cough etiquette, respiratory hygiene, and hand hygiene.

XII. Reinforce the message of handwashing and the use of hand sanitizers upon entry into the community and resident contact. Place hand sanitizers throughout the building.

XIII. Continue facility sanitizing and disinfecting efforts.

XIV. Provide adequate staffing to cover current resident needs.

XV. Remain vigilant in performing daily surveillance of residents and employees by continuing to check temperatures and to perform symptom checks. Residents may not self-report COVID-19 symptoms.

XVI. Document your findings. This information will assist with subsequent planning of next steps for setting a date for easing restrictions.

XVII. Begin thinking about structured small group gatherings. These gatherings would include six-foot distancing.

XVIII. If COVID-19 is identified in the community during periods of eased restriction, reinstitute quarantine for 14 days and follow your local health department on contact tracing with testing as directed.

XIX. If resident small group gatherings are successful without any new COVID-19 cases, consider reintroducing larger group gatherings. Consider use of social distancing and/or face coverings or alternatives for these gatherings.

XX. If the larger group gatherings are successful without any new COVID-19 cases, consider reintroducing dining and cocktail hour using social distancing.

XXI. Continue to screen visitors: check temperatures and review symptoms. Remind visitors not to visit should they have any symptoms consistent with COVID-19.

XXII.   Ask visitors to contact the community should they develop symptoms consistent with COVID-19 within 14 days of their visit to the community.

XXIII. Plan for the return of third-parties, volunteers, and vendors not utilized during the outbreak.

XXIV. Have a process for new resident entry and one for leave of absence/return entry to the community. Any resident moving in as a new resident, or who leaves the community for a leave of absence, will need to quarantine for 14 days upon return. Instruct residents of this requirement prior to their entry or exit from the community.

XXV.   Immediately notify and work collaboratively with the health department and/or local authority in your area if there is a suspected or confirmed case of COVID-19, severe respiratory infection resulting in hospitalization, or if three or more residents develop new-onset respiratory symptoms within 72 hours of each other. Rapid action to identify, isolate, and test others who might be infected is critical to prevent further spread.

XXVI. Work with the health department and/or local authority to use case investigation and contact tracing to help define who should be considered exposed. It is important to work quickly to prevent the further spread of COVID-19.

XXVII. Continue testing efforts for residents and staff in accordance with CDC guidance, or as directed by local health officials. There remain a host of challenges associated with testing and the results received. Consult additional Argentum information sources related to testing.

PHASE	STATUS	CONSIDERATIONS
Phase I **0-14 days**	**-All residents shelter in place, common areas are closed, isolate and quarantine; community is at its highest level of prevention.** **-Consider all plans as they relate to the senior living venues (Independent, Assisted Living, Memory Care, CCRC) offered at the community or on campus.**	**Visitation:** Prohibit visitation, except for essential personnel and compassionate care situations. In those limited situations: • Screen visitors: check temperatures and review symptoms (except for EMS personnel responding to an emergency call). Remind them not to visit should they have any symptoms consistent with COVID-19. Also ask visitors to contact the community should they develop symptoms consistent with COVID-19 within 14 days of their visit to the community. • Educate and take additional precautions, including social distancing, cough etiquette, respiratory and hand hygiene (e.g., use alcohol-based hand rub upon entry). • Instruct visitors to wear a cloth face covering or facemask for the duration of the visit, per CDC guidelines. • Restrict entry of non-essential visitors. **Trips outside the Community:** Avoid non-medically necessary trips outside the community. For medically necessary trips away from of the community: • Instruct residents to wear a cloth face covering or facemask as medically tolerated. • Communicate residents' COVID-19 status with transportation service providers and relevant healthcare personnel. • If transportation is in community vehicle, sanitize vehicle between trips.

Entrance & Screening:

Screen and check individuals entering the community (except for EMS personnel responding to an emergency call) by:

- Establishing one main entrance that is staffed during the hours the door is unlocked.

- Instructing outside persons entering building of the need to have cloth face covering or facemask.

- Screening visitors: check temperatures and review symptoms.

- Implementing visitor questionnaire about symptoms and potential exposure.

- Screening staff: check temperatures and review symptoms at the beginning of each shift.

- Screening residents: check temperatures and review symptoms at least once per day.

- Observing residents and staff for any signs or symptoms.

Personal Protective Equipment (PPE):

Direct care and services staff to wear appropriate PPE when interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE.

- Direct care staff to wear N95 respirator or medical mask (per CDC) while in resident areas and during direct care.

- Housekeeping, programming, and any other service to wear N95 respirator while in resident room providing services.

- All other staff to wear cloth face covering if not in resident rooms.

- Use PPE for suspected or confirmed residents as part of isolation protocols.

Sanitize and disinfect:
- Sanitize and disinfect entry way, common areas and resident rooms.

Testing:
- Refer to CDC, state, and local guidance. All residents and staff should be tested once there has been an identified positive COVID-19 test in the community.

- Immediately notify and work collaboratively with the health department and/or local authority in your area should there be a suspected or confirmed case of COVID-19, severe respiratory infection resulting in hospitalization or three or more residents develop new-onset respiratory symptoms within 72 hours of each other. Rapid action to identify, isolate, and test others who might be infected is critical to prevent further spread.

- Work with the health department and/or local authority to use case investigation and contact tracing to help define who should be considered exposed. It is important to work quickly to prevent the further spread of COVID-19.

Staffing Assignments:
- When feasible, consider use of consistent staff assignments.

Designated COVID 19 Rooms:
- Collaborate with local and state health departments on strategies for cohorting residents.

New Residents and/or Readmissions:
- Have a process for new resident entry and one for leave of absence/return entry to the community.
  - New residents moving in and residents leaving the community for a leave of absence will need to quarantine for 14 days upon return.
  - Review state regulations as some may require two negative test results prior to resident returning to the community.
  - Communicate this requirement to residents prior to their entry or exit from the community.

Phase	Criteria	Guidance
Phase II **15-28 days**	**-There have been no new COVID cases for 14 days.** **-Community is not experiencing staffing shortages.** **-Community has adequate supplies of personal protective equipment (PPE) and essential cleaning and disinfection supplies to care for residents.** **-Community has adequate access to testing for COVID-19.** **-Consider all plans as they relate to the senior living venues (Independent, Assisted Living, Memory Care, CCRC) offered at the**	**Dining and Activities:** • Close the dining room and offer residents in-room meals using disposable dining ware and utensils. **Alzheimer's/Dementia Programs:** • Collaborate with local and state health departments for shared space strategies. **Visitation:** Continue to prohibit visitation, except for medically essential and compassionate care situations. Allow entry of a limited number of non-essential healthcare personnel/contractors as determined necessary by the community. In those limited situations: • Screen visitors: check temperatures and review symptoms (except for EMS personnel responding to an emergency call). Remind them not to visit should they have any symptoms consistent with COVID-19. Also ask visitors to contact the community should they develop symptoms consistent with COVID-19 within 14 days of their visit to the community. • Educate and take additional precautions, including social distancing, cough etiquette, respiratory and hand hygiene (e.g., use alcohol-based hand rub upon entry). • Instruct visitors to wear a cloth face covering or facemask for the duration of the visit, per CDC guidelines. **Trips outside the Community:** • Continue to avoid non-medically necessary trips outside the community. • For medically necessary trips away from of the community: Instruct residents to wear a cloth face covering or facemask as medically tolerated. • If transportation is in community vehicle, sanitize vehicle between trips.

community or on campus. **-Continue to monitor local activity and be prepared to return to a prior phase if needed.**	**Entrance & Screening:** Continue efforts to screen and check temperatures of individuals entering the community (except for EMS personnel responding to an emergency call) by: ● Instructing outside persons entering building have cloth face covering or facemask. ● Screening visitors: check temperatures and review symptoms. ● Implementing visitor questionnaire about symptoms and potential exposure. ● Screening staff: check temperatures and review symptoms at the beginning of each shift. ● Screening residents: check temperatures and review symptoms at least once per day. ● Observing residents and staff for any signs or symptoms. ● Reinforcing social distancing. **Personal Protective Equipment (PPE):** Continue to direct staff to wear appropriate PPE when interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE. ● Direct care staff to wear N95 respirator or medical mask (per CDC) while in resident areas and during direct care. ● Housekeeping, programming, and any other service to wear N95 respirator while in resident room providing services. ● All other staff to wear cloth face covering if not in resident rooms. ● Use PPE for former confirmed residents as part of isolation protocols from Phase I. Use PPE for suspected or confirmed residents as part of isolation protocols. (As needed to return to Phase I)

Sanitize and disinfect:

- Sanitize and disinfect entry way, common areas and resident rooms.

Testing:

- Refer to the CDC, state, and local guidance. Continue to collaborate with local and state health departments on testing strategies for residents and staff.

- Immediately notify and work collaboratively with the health department and/or local authority in your area if there is a suspected or confirmed case of COVID-19, severe respiratory infection resulting in hospitalization, or three or more residents develop new-onset respiratory symptoms within 72 hours of each other. Rapid action to identify, isolate, and test others who might be infected is critical to prevent further spread.

- Work with the health department and/or local authority to use case investigation and contact tracing to help define who should be considered exposed. It is important to work quickly to prevent the further spread of COVID-19.

- Begin Phase I efforts again.

Staffing Assignments:

- When feasible, consider use of consistent staff assignments.

Designated COVID 19 Rooms:

- Collaborate with local and state health departments on strategies for cohorting residents.

- Manage new resident and/or returning resident quarantining processes for a 14-day period.

New Residents and/or Readmissions:

- Have a process for new resident entry and one for leave of absence – return entry to the community.
  - New residents moving in and residents leaving the community for a leave of absence, will need to quarantine for 14 days upon return.

	○ Review state regulations as some may require two negative test results prior to resident returning to the community. Communicate this requirement to residents prior to their entry or exit from the community.
Phase III **Day 29 and beyond**	**Dining and Gatherings:** • Begin thinking about structured small group gatherings. Small group communal dining is limited (for COVID-19 negative or asymptomatic residents only), residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). Dining may be scheduled. **Alzheimer's/Dementia Programs:** • Collaborate with local and state health departments for shared space strategies. **Visitation:** Allow visitation: medically essential, compassionate care situations, non-essential healthcare personnel/contractors as determined necessary by the community, volunteers, and managed/scheduled visitation by family members. In those limited situations: • Screen visitors: check temperatures and review symptoms (except for EMS personnel responding to an emergency call). Remind them not to visit if they have any symptoms consistent with COVID-19. • Ask visitors to contact the community if they develop symptoms consistent with COVID-19 within 14 days of their visit to the community. • Educate and take additional precautions, including social distancing, cough etiquette, respiratory and hand hygiene (e.g., use alcohol-based hand rub upon entry). • Instruct visitors to wear a cloth face covering or facemask for the duration of the visit, per CDC guidelines. Alternatives such as a face shield or plexiglass barriers may be used if resident has a sensory deficit. • Family visits begin outside as weather permits.
-Community meets criteria for entry to phase III (no rebound in cases during phase II). **-There have been no new, Community onset COVID 19 cases for 28 days (through phases I and II).** **-Community is not experiencing staff shortages.** **-Community has adequate supplies of personal protective equipment (PPE) and essential cleaning and disinfection supplies to care for residents.**	

-Community has adequate access to testing for COVID-19.	**Trips outside the Community:** Non-medically necessary trips outside the community can be arranged as services are accessible. For medically necessary trips away from of the community: • Instruct residents to wear a cloth face covering or facemask as medically tolerated.
-Consider all plans as they related to the senior living venues (Independent, Assisted Living, Memory Care, CCRC) offered at the community or on campus.	• If transportation is in community vehicle, sanitize vehicle between trips. **Entrance & Screening:** Screen and check temperatures of individuals entering the community (except for EMS personnel responding to an emergency call) by:
-Continue to monitor local activity and be prepared to return to a prior phase if needed.	• Instructing outside persons entering building have cloth face covering or facemask.
-Prepare family visitation plans. Visits should be managed and controlled, including advanced scheduling.	• Screening visitors: check temperatures and review symptoms. • Implementing visitor questionnaire about symptoms and potential exposure. • Screening staff: check temperatures and review symptoms at the beginning of each shift. • Screening residents: check temperatures and review symptoms at least once per day. • Observing residents and staff for any signs or symptoms. • Reinforcing social distancing. **Personal Protective Equipment (PPE):** Continue to direct staff to wear appropriate PPE when interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE.

- Direct care staff to wear N95 respirator or medical mask (per CDC) while in resident areas and during direct care.

- Housekeeping, programming, and any other service to wear N95 respirator while in resident room providing services.

- All other staff to wear cloth face covering if not in resident rooms.

- Use PPE for suspected or confirmed residents as part of isolation protocols. (As needed to return to Phase I)

Sanitize and disinfect:

- Sanitize and disinfect entry way, common areas and resident rooms.

Testing:

- Refer to the CDC, state, and local guidance. Continue to collaborate with local and state health departments on testing strategies for residents and staff.

- Immediately notify and work collaboratively with the health department and/or local authority in your area if there is a suspected or confirmed case of COVID-19, severe respiratory infection resulting in hospitalization, or if three or more residents develop new-onset respiratory symptoms within 72 hours of each other. Rapid action to identify, isolate, and test others who might be infected is critical to prevent further spread.

- Work with the health department and/or local authority to use case investigation and contact tracing to help define who should be considered exposed. It is important to work quickly to prevent the further spread of COVID-19.

- Begin Phase I efforts again.

Staffing Assignments:

- When feasible, consider use of consistent staff assignments.

Designated COVID 19 Rooms:

- Collaborate with local and state health departments on strategies for cohorting residents.

- Manage new resident or returning resident quarantining processes for a 14 day period.

New Residents and/or Readmissions:

- Have a process for new resident entry and one for leave of absence/return entry to the community.

  o New residents moving in and residents leaving the community for a leave of absence, will need to quarantine for 14 days upon return.

  o Review state regulations as some may require two negative test results prior to resident returning to the community.

  o Communicate this requirement to residents prior to their entry or exit from the community.

Dining and Gatherings:

- If resident small group gatherings are successful without any new COVID-19 cases, consider reintroducing larger group gatherings. Use social distancing and face coverings for these gatherings.

- If larger group gatherings are successful without any new COVID-19 cases, consider reintroducing dining and cocktail hour.

Alzheimer's/Dementia Programs:

- Collaborate with local and state health departments for shared space strategies.

REFERENCES & RESOURCES

ALZHEIMER'S ASSOCIATION

Coronavirus (COVID-19): Tips for Dementia Caregivers in Long-Term or Community-Based Settings

ARGENTUM

Argentum White Paper: The Need for a "Smart" Testing Strategy

CENTERS FOR DISEASE CONTROL (CDC)

Personal Protective Equipment (PPE) Burn Rate Calculator

Infection Control
Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

Assisted Living
Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities

Retirement Living
Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance)

Symptom Identification Listing
Symptoms of Coronavirus

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

OPENING UP AMERICA AGAIN: Centers for Medicare & Medicaid Services (CMS) Recommendations – Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I

Nursing Home Reopening Recommendations for State and Local Officials: Centers for Medicare & Medicaid Services (CMS) – Easing restrictions for Nursing Homes

NATIONAL GOVERNORS ASSOCIATION (NGA)

Roadmap to Recovery: A Public Health Guide for Governors

WHITE HOUSE COVID-19 TASK FORCE

Guidelines – Opening Up America Again

Testing Blueprint – Opening Up America Again

Testing Overview – Opening up American again

WORLD HEALTH ORGANIZATION (WHO)

Considerations in adjusting public health and social measures in the context of COVID-19