

# + Policies and Procedures Manual

## *Policy: Resident Illness Management – COVID-19*

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### **Purpose**

LifeStream’s Communities (“Community” or “Communities”) will implement procedures to monitor and manage Resident illnesses in order to promptly respond to an outbreak (or potential outbreak) of COVID-19 within a LifeStream Community.

### **Definitions**

- *Community or Communities - In all cases, the use of the terms “Community” or “Communities” refers to LifeStream operations and does not include communities-at-large (such as cities, counties or states) unless expressly stated.*
- *Outbreak – An outbreak is defined as one or more new COVID-19 (or flu-like) infections in any Associate and/or any Community-onset infection in a Resident.*
- *Residents – unless otherwise designated, the term “Residents” will generally refer to LifeStream Residents living in a licensed community (Assisted Living or Skilled Nursing). The term generally does NOT apply to those Residents living in Independent Living.*
- *Transmission-based precautions – a group of infection prevention and control practices that are used in addition to standard precautions for Residents who may be infected with COVID-19 or another flu-like illness.*

### **Policy Explanation and Compliance Guidelines**

1. Residents will be monitored for signs and symptoms of COVID-19 (flu-like illness): fever, cough and shortness of breath twice daily. The physician will be notified immediately, if evident.
2. Staff will be trained on the signs and symptoms of COVID-19. Staff will also be trained on the appropriate use of personal protective equipment (PPE), which includes N95 or KN95 masks (or a medical mask if N95 or KN95 is not available), isolation gowns, gloves and eye protection, while caring for Residents who are on transmission-based precautions.
3. Confirmed cases of COVID-19 will be reported to regulatory agencies, according to level of care and requirements specific to each Community as defined by the regulatory agencies.

### **Transmission-Based Requirements**

1. Residents who are suspected to have COVID-19 (based on signs and symptoms of a flu-like illness) will be placed on isolation precautions while awaiting the results of a COVID-19 test (see Policy: Coronavirus Testing for Associates and Residents). The isolation will be the least restrictive possible for the Resident under the circumstances. If possible, the Resident will be placed in a private room.

2. Residents who are confirmed to be infected with COVID-19 will be placed on isolation precautions. The isolation will be the least restrictive possible for the Resident under the circumstances. The Resident will remain in isolation and on transmission-based precautions and follow the CDC symptom-based strategy for discontinuing transmission-based precautions as follows:
  - a. Residents with mild to moderate illness who are not severely immunocompromised:
    - i. At least 10 days have passed since symptoms first appeared **and**
    - ii. At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
    - iii. Symptoms (e.g. cough, shortness of breath) have improved.
  - b. Residents who are confirmed to be COVID-19 Positive, not severely immunocompromised and who were asymptomatic throughout their infection, transmission-based precautions may be discontinued when at least 10 days have passed since the collection date of their first positive viral diagnostic test.
  - c. Residents with severe to critical illness or who are severely immunocompromised:
    - i. At least 10 days and up to 20 days have passed since symptoms first appeared; **and**,
    - ii. At least 24 hours have passed since last fever without the use of fever-reducing medications; **and**,
    - iii. Symptoms (e.g. cough, shortness of breath) have improved.
  - d. Residents who are severely immunocompromised and were asymptomatic throughout their infection, transmission-based precautions may be discontinued when at least 10 days and up to 20 days have passed since the collection date of their first positive viral diagnostic test.
3. Test-based strategies for discontinuing transmission-based precautions may be considered for some Residents (e.g. those severely immunocompromised) in consultation with local infectious disease experts if concerns exist for the Resident being infectious for more than 20 days, but is not recommended. Criteria for test-based strategies is as follows:
  - a. Symptomatic Residents:
    - i. Resolution of fever without the use of fever-reducing medications: **and**,
    - ii. Symptoms (e.g. cough, shortness of breath) have improved; **and**,
    - iii. Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.
  - b. Asymptomatic Residents:
    - i. Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using and FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.
4. If appropriate and available, Resident will be transferred to LifeStream's specialized COVID-accommodations.