

+ Policies and Procedures Manual

Policy: Resident Illness Management – COVID-19

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.

Procedure

If/When a Resident is Diagnosed with COVID-19 in the Community

If a Resident is diagnosed with COVID-19 in the building, the following will be the procedure:

1. The Administrator (or designee) will immediately notify Corporate Incident Command and report the positive result to the necessary agencies. .

2. All staff will don/doff all appropriate PPE, including use of standard, contact and droplet precautions to include mask (KN95 or N95), gown, gloves and eye protection (face shield or goggles).
3. For Residents who are confirmed to have a positive COVID-19 diagnosis, the following will be the procedure:
 - a. The Resident will immediately be isolated to their room, pending a decision about transfer to a COVID-only unit (either in-house or transferred to another facility). 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.
 - b. If the Community is currently holding/serving COVID-positive Residents, the Resident will be transferred to the COVID unit (See COVID Surge/Outbreak Attachment for more information)
 - c. If the Community is not holding/serving COVID-positive Residents, the Resident will be transferred as soon as possible to the receiving facility (See COVID Surge/Outbreak Attachment for more information)
4. Residents who are confirmed to be infected with COVID-19 will continue on isolation/transmission-based precautions in accordance with the section, *Transmission Based Precautions and Isolation Guidelines*
5. All Residents will be encouraged to remain in their room and restrict movement except for medically necessary purposes. If Residents leave their room, they should wear a surgical facemask (as tolerated), perform hand hygiene, limit their movement within the building and maintain a distance of at least six (6) feet from others.
6. Room sharing is acceptable if there are multiple Residents with known or suspected COVID-19 as follows:
 - a. As roommates of Residents with COVID-19 might already be exposed, the exposed Resident should not be placed with another, new roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive test.
 - b. Residents who are symptomatic and being tested for COVID-19 should not be roomed with those who are confirmed to have COVID-19 unless they are already a roommate of a COVID-19 positive Residents.
7. Signage will be posted to identify rooms for Residents who are on transmission-based precautions due to known/suspected COVID-positive status.

Transmission Based Precautions and Isolation Guidelines

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).
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 ≥ 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 ≥ 24 hours apart (total of two negative specimens) tested using and FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Admissions and Acceptance of New and Readmitted Residents

When accepting a new (or readmitted) Resident, the following will apply:

1. Residents will be accepted based on their clinical needs and the ability of the Community staff (based on current, available staffing) to provide care for the Resident's individual clinical needs.
2. For Residents who have tested positive for COVID-19 and require ongoing isolation, the Resident will be isolated for 14 days after initial admission or readmission.
 - a. If a private room is available, Resident will be placed in a private room. If no private room is available, a Resident who is COVID-19 positive will only be placed with another Resident (same gender) who is COVID-19 positive.
 - b. Symptomatic Residents require ongoing isolation if they have not completed ALL of the following isolation duration parameters while in a higher acuity facility:

- i. 10 days after onset of symptoms consistent with COVID-19; if Resident is severely immunocompromised or who experience severe illness, they must be isolated for 20 days after onset of symptoms;
 - ii. AND, until the Resident has been free of fever for 24 hours (without the use of fever-reducing medications) and all other symptoms consisted with COVID-19 have improved.
 - c. Asymptomatic Residents require ongoing isolation if they have not completed ALL of the following isolation duration parameters while in a higher acuity facility:
 - i. At least 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not developed symptoms since that test; if Resident is severely immunocompromised, they must be isolated for 20 days since the date of their first positive COVID-19 test.
3. Newly admitted Residents with unknown COVID-19 status will be tested with a point-of-care test upon admission.
 - a. A Resident with symptoms consistent with COVID-19 but having a negative POC test will be assumed to be COVID-unknown and will be placed in a private room on transmission-based precautions for 14 days.
 - b. Asymptomatic Residents with negative POC tests upon admission will be placed on transmission-based precautions for 14 days after admission.
 - i. If a private room is unavailable, Residents may be placed in a semi-private room with another Resident who is asymptomatic (provided that Resident also has a negative COVID test upon admission).
4. See COVID Surge/Outbreak Attachment for specific locations for isolation and COVID units in each Community