

COVID-19 RESPONSE PLAN- POSITIVE RESIDENTS AND STAFF EMERGENCY PLAN TO INCLUDE PROPER SCREENING MEASURES

Required Screening:

Trained facility personnel must screen all individuals who enter the facility prior to entry (except for services personnel in an emergency) including staff at the start of their shift, visitors, new residents, and residents returning to the facility for:

- fever, defined as a temperature of 100.4 fahrenheit and above;
- signs and symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing; fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, or vomiting, diarrhea;
- contact in the previous 14 days with someone who has a confirmed diagnosis of COVID-19; is under investigation for COVID-19 or is ill with a respiratory illness regardless of whether the person is fully vaccinated (unless the individual is seeking entry to provide essential services such as doctors, nurses, home health and hospice staff);
- a positive COVID-19 test within the last 10 days.

Signage must be posted at all entrances of the facility reminding individuals not to enter the facility prior to being screened. Keep all doors locked to ensure individuals are being screened by a trained facility employee.

Prohibit a visitor who meets any of the screening criteria from entering the facility and reschedule the visit.

Quarantine a resident who meets any of the screening criteria from entering the facility and monitor for symptoms of COVID-19.

Document in writing all persons who enter the building in the log kept at the entrance of the facility. This must include the date, the persons name, current contact information and the data included on the screening questionnaire (presence/absence of fever and symptoms).

You are not required to screen emergency services personnel entering the facility in an emergency or a visitor participating in a vehicle parade or a closed window visit.

Do not restrict HHSC surveyors unless there is presence of fever or symptoms of COVID-19.

Visitors

Providers of Critical Assistance

The persons listed below are defined as persons providing critical assistance and **must be allowed to enter the facility**, provided they are wearing all necessary PPE as appropriate to the current COVID-19 status in the facility. These include:

Persons with Legal Authority to Enter

- Govt personnel performing their official duties, including HHSC
- Law enforcement officers
- Ombudsman's

Providers of Essential Services

- Contract doctors, contract nurses, home health and hospice workers, health care professionals, contract professionals, clergy members and spiritual counselors whose services are necessary to ensure resident health and safety
- Family members and loved ones of residents at the end-of-life
- Essential caregivers
- Emergency responders

Mask Requirements

Although the Governor and HHSC is not mandating face coverings, Enriched Senior Living will continue to require all staff and visitors to wear a surgical mask at all times while in the facility. Staff may remove mask ONLY to eat and drink and replace mask immediately. Visitors may not remove mask at any time while in the facility. Please continue to encourage residents to wear a mask when outside of their rooms. ALL staff not vaccinated will be required to wear a N-95 mask to prevent the spread of COVID-19.

Visitation Rules

Facility Administrator and/or Wellness Director must document each resident's choice to vaccinate, or not to vaccinate in addition provide the Benefits of Receiving the COVID-19 Vaccine form with resident or responsible party signature for those residents refusing to be vaccinated and scan into residents' chart.

- A resident may choose to have close or personal contact with their visitor during the visit. This applies to all personal visitors not just essential caregivers.
- Both of the resident's designated essential caregivers may visit the resident at the same time.
- Visits no longer have to be scheduled in advance. All visits must be facilitated to allow time for cleaning and sanitization of the visitation area between visits and to ensure infection prevention and control measures are followed.
- Facility may ask about a visitor's COVID-19 vaccination status but **must not** require a visitor to provide documentation of his or her COVID-19 vaccination status as a condition of visitation or to enter the facility. A personal visitor may refuse to provide information about his or her vaccination status.

- A visitor may not participate in a visit if he or she has signs and symptoms of COVID-19 or an active COVID-19 infection. Visitors must be screened as outlined above.

Essential Caregiver Visits

Essential caregiver visits MUST be allowed for all residents with any COVID-19 status.

Essential caregiver-A family member or other outside caregiver, including a friend, volunteer, clergy member, private personal caregiver, or court appointed guardian who is at least 18 years of age and has been designated by the resident or legal representative.

- Up to two essential caregiver visitors can be designated by each resident or their legally authorized representative.
- Essential caregiver visitors do not have to maintain physical distancing between themselves or the resident they are visiting but must maintain physical distancing between themselves and all other residents and staff.
- An essential caregiver visit is not allowed if the visitor has signs of symptoms of COVID-19 or an active COVID-19 infection.

ESSENTIAL CAREGIVER PROTOCOLS: All essential caregivers (EC) must complete the donning and doffing demonstration and education on infection control measures by either the WD or the Administrator prior to becoming an EC. Form is found in E-Binder in the COVID folder labeled SPICE. Forms must be kept in resident document library for HHSC reviews. EC may remove mask ONLY in residents' room if resident chooses to allow.

Facility must:

- inform the essential caregiver of applicable policies, procedures and requirements;
- maintain documentation of the essential caregiver's agreement to follow the applicable policies, procedures and requirements;
- maintain documentation of the essential caregivers training on infection control measures, hand hygiene and cough and sneeze etiquette;
- maintain documentation of the identity of each essential caregiver in the resident's records and
- prevent visitation by essential caregiver if the essential caregiver has signs and symptoms of COVID-19 or an active COVID-19 infection

Differences Between Essential Caregivers and Visitors:

- Essential caregiver visits are allowed for all residents with any COVID-19 status. Other visits (indoor, outdoor, salon services) are allowed only for residents with COVID-19 negative status.
- Essential caregivers are required to be at least 18 years of age.
- Essential caregivers must sign a written agreement to follow the facilities policies, procedures, and requirements.

- Essential caregivers must be trained on proper PPE usage and infection control measures, hand hygiene and cough and sneeze etiquette.

Salon Visits

Facility can allow a salon services visitor to enter the facility to provide hair care or personal grooming services to COVID-19 negative residents.

Infection Control

Educate

Educate residents and families about COVID-19 actions that the facility is taking to protect them and their loved ones (including visitor restrictions) as well as actions residents can take to protect themselves in the facility.

Encourage residents and any visitors regarding the importance of handwashing. Assist residents in performing proper hand hygiene if they are unable to do so themselves. Educate residents to cover their coughs and sneezes with a tissue, then throw the tissue away in the trash and wash their hands.

PPE

Personal protective equipment (PPE) is specialized clothing or equipment worn by assisted living facility staff for protection against transmission of infectious diseases such as COVID-19, including masks, goggles, face shields, gloves and disposable gowns.

Facility should maintain a two-week supply of PPE and made easily accessible to staff.

Place a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room

Cleaning and Disinfecting

Increase environmental cleaning. Clean and disinfect all frequently touched surfaces such as doorknobs/handles, bathroom surfaces/fixtures, remote controls, wheelchairs and walkers.

Document cleaning/sanitation on form found in Bluestep labeled Sanitation Checklist

Make sure EPA-registered hospital-grade disinfectants are available. Currently we are using Virex spray and alcohol-based wipes found on Staples.

Provide supplies for recommended hand hygiene. Have alcohol-based hand sanitizer with 60-95 percent alcohol easily accessible. Make sure sinks are well stocked with soap and paper towels for handwashing.

Staff

Staff must always wear the proper PPE when caring for residents with COVID-19 or unknown COVID status. This includes, face covering, face shield, gloves and disposable gown.

Contracts have been created between outside agencies to accommodate staffing contingency plans to implement if a significant number of staff are unavailable to work.

Minimize the movement of staff between facilities and buildings wherever possible.

Staff are required to report via phone if they have symptoms of COVID-19 or had prolonged close contact with someone who has COVID-19. Staff should not report to work until the end of a 14-day quarantine period. If asymptomatic and no symptoms develop during daily monitoring, quarantine can end after day 10 without testing; or day 7 with a negative COVID-19 test result (test must occur on day 5 or later).

If a staff member has a confirmed case of COVID-19 they must not enter the facility until they meet the current CDC return to work criteria.

Per CDC guidance, asymptomatic staff who are fully vaccinated or were COVID-19 positive within the previous three months and have a higher risk exposure do not need to be restricted from work.

Enriched Senior Living will continue to test unvaccinated staff bi-weekly using DTR lab.

Residents

Ask residents to report if they feel feverish or have symptoms of respiratory infection and coronavirus. Actively monitor all residents upon admission and at least daily (currently we are monitoring twice daily) for fever and symptoms of COVID-19 in accordance with HHSC guidance. If a resident has fever or symptoms, implement increased infection control measures.

Residents have the right to leave and return to the facility for any reason. The facility cannot restrict residents from exercising this right. The facility has a responsibility to ensure the resident is making an informed decision. Specifically, the facility must educate a resident on the risks and benefits of spending time in the community, including the increased risk of contracting COVID-19. If the resident chooses to leave the facility, the facility must also educate the resident and family member about infection control and prevention procedures, including:

- avoiding crowds
- performing hand hygiene
- cough and sneeze etiquette
- physical distancing (maintaining at least 6 feet of distance between themselves and people they don't know)
- being aware of others who may have COVID-19 and
- reporting any contact with another person who may have COVID-19 to the facility

Upon the resident's return to the facility, practice the following infection control procedures and provide staff assistance if needed:

- Ensure that the resident's hands are washed thoroughly, or alcohol-based hand sanitizer is used
- Ensure that the resident is screened, as is required for anyone entering the facility

A resident that leaves the facility does not require quarantine upon return, even if the resident is gone overnight, if the resident is asymptomatic and did not have contact with others who may have COVID-19. The resident's COVID-19 status would remain the same as it was before leaving the facility if all infection prevention protocols are followed.

The facility is required to discuss with the resident (or their visit companion) what activities occurred while the resident was outside the facility using the following questions as a guide:

- Were you in any crowded spaces whether in a public or at a large household gathering?
- Did you encounter anyone who tested positive for COVID-19 within the last 14 days?
- Did you encounter anyone who was exhibiting any symptoms related to COVID-19

A yes to any of these questions should be further investigated. If the facility determines that a resident who left the facility requires a quarantine period, the facility must document the decision and its rationale.

Remember that quarantine does not mean the resident must remain in their room for the duration of the quarantine period. Daily monitoring is a must, as well as following infection control protocols.

If no symptoms develop during daily monitoring, quarantine can end after day 10 without testing; or after day 7 with a negative COVID-19 test result (test must occur on day 5 or later). Continue to monitor the resident for a total of 14 days after potential exposure, even if the quarantine period ended early.

Enriched Senior Living will continue to test unvaccinated residents monthly using DTR lab.

Outbreaks

An outbreak of COVID-19 is defined as one or more laboratory confirmed cases of COVID-19 identified in either a resident or paid or unpaid staff.

Outbreak Testing

Anytime the facility experiences an outbreak of COVID-19, you must immediately notify your region director in the LTCR region where your facility is located.

Testing is currently not mandated for ALF residents or staff though the CDC recommends testing all individuals with symptoms and all individuals who were in close contact with an infected person whenever outbreak occurs in the community.

Close contact, per the CDC- a person who was within 6 ft of a person with confirmed COVID-19, anytime between the 2 days before symptom onset or date of testing (if the person was asymptomatic), and the time the person is isolated, that last for a cumulative total of 15 minutes, over a 24-hour period.

Limiting Visits During an Outbreak

All visit types must be cancelled for the facility (if only on one side, MC or AL) including outdoor visits, open window visits, vehicle parades and indoor visits until there have been no confirmed COVID-19 cases for at least 14 consecutive days in residents and staff.

Facility will continue to allow closed window visits and visits by persons providing critical assistance, including essential caregiver visits and end-of-life visits. These

Care for Residents Who Have COVID-19

Facility can provide care to resident(s) with COVID-19 if:

- the resident is asymptomatic or has mild to moderate symptoms that do not require hospitalization or a higher level of care that the facility can provide
- the facility can isolate the resident in their own separate living quarters and
- the facility has sufficient staff capable of providing the level of care required without sacrificing the care of other residents in the facility.

Staff must wear all PPE when caring for residents who are COVID-19 positive and residents with unknown COVID status, regardless of symptoms.

To prevent transmission, facility should use separate staffing teams for COVID-19 positive residents. You should also work with state and local leaders to designate alternative facilities or units within a facility to separate COVID-10 negative residents from COVID-19 positive residents, as well as those with unknown COVID-19 status. This is more difficult for our smaller communities, but the ability to separate COVID negative and COVID positive is vital in the prevention of transmission.

Transfer Residents

If a resident requires a higher level of care or if facility cannot fully implement all recommended precautions, the facility must:

- transfer the residents to an alternate facility that has agreed to accept and care for the facilities COVID-19 positive residents until they are fully recovered;
- assist the resident and family members to transfer the resident to the alternate facility; and
- isolate the resident in an area that is separate from other residents until the resident is transferred.

Reporting Requirements

Confirmed Cases of COVID-19

Notify the Director of Operations-Tessa Wilson at 325-450-0049

Notify Human Resources via slack or email at hr@newhaventexas.com including filling out and/or updating the COVID-19 tracking spreadsheet and confirm with HR you have provided employee with either paid or unpaid pandemic leave letter found in E-Binder in the COVID-19 folder. Upload the paid or unpaid pandemic leave letter in ADP in employee file.

Facility must report to HHSC:

- **the first confirmed case** of COVID-19 in staff or residents as a self-reported incident; and

- the first new cases of COVID-19 after a facility have been without cases for 14 days or more as a self-reported incident
- each building is separate since they have two different licenses, for example if first positive is in AL and second is in MC, the MC positive would be considered first positive in that building.

Notify HHSC of these incidents through TULIP or by calling Complaint and Incident Intake (CII) at 1-800-458-9858 within 24 hours of the positive test.

Form 3613-A Provider Investigation Report should also be completed and submitted within 5 days from the day a confirmed case is reported to CII. The provider investigation report may be submitted:

- via TULIP
- by email at ciiprovider@hhsc.state.tx.us
- by fax at 1-800-438-5827

Do not report subsequent cases and addendums to HHSC

Facility is required to report communicable diseases, including **all** confirmed cases of COVID-19 to the local health authority with jurisdiction over your facility.

If you suspect your facility is experiencing an outbreak of COVID-19, immediately notify your local health authority by phone. Find contact information for your local/regional health department here:

<https://www.dshs.state.tx.us/regions/2019-nCoV-Local-Health-Entities/>

Do not report COVID-19 positive cases to HHSC CII outside of the two reportable events listed above.

Facility must not report any additional COVID-19 positive cases to HHSC CII after the first positive case has been reported for each building unless the facility has been COVID-19 free for 14 days. Additionally, the reportable events listed above do not include a resident who was admitted to the facility with an active COVID-19 infection or a resident who developed COVID-19 within 14 days of being admitted to the facility. Refer to the decision tree attached at the bottom.

HHSC LTRC Regional Offices may contact facilities to request information related to COVID-19 cases. Reporting to a LTRC Regional Office is not related to reporting COVID-19 positive cases to HHSC CII.

Vaccination Data

Facility is required to report COVID-19 vaccinations administered in the facility to residents and staff, either by the facility or a pharmacy partner, and vaccinations of residents and staff that occurred outside of the facility, such as at a pharmacy, doctors office or local vaccination clinic. DO NOT include data for vaccinations administered to essential caregivers.

Facility must submit this data to HHSC within 24 hours after each round of vaccinations is administered or within 24 hours after learning of the data.

Use the survey monkey tool to report vaccination data as listed below:

<https://www.surveymonkey.com/r/SRDM2GY>

- The total number of staff /residents who received their first dose of a two-dose vaccine
- The total number of staff /residents who received their second dose of a two-dose vaccine
- The total number of staff/residents who a one-dose vaccine

Do not provide cumulative numbers. In other words, do not include in a new report totals from previous reports.

VAERS Adverse Reactions to COVID-19 vaccines

Facility is required to report any adverse reaction to COVID-19 vaccine to **Vaccine Adverse Event Reporting System (VAERS) (hhs.gov)**

Care for residents who are Infected:

- Isolate residents who are infected
- Identify cohorts (exposed, infected)
- Determine level of required care
- Determine if hospitalization and transport are required
- Notify local health care/EMS
- Track signs/symptoms at least twice daily and every 4hrs for symptomatic residents by completing the screening log in Bluestep including temperature and oxygen readings

Other

- Contact local health department (LHD)/DSHS regional office/health authority (HA)
- Ensure all relevant regulations/rules are followed

In Advance (actions focused on response) • Administrator is to notify the resident and resident POA of positive results • Notify all staff of positive residents including the name of the resident • Notify all other residents and POA of positive results omitting the name of the positive residents but including the building the positive results were found in • Continue frequent communication with staff, residents and families to answer all questions/concerns • Evaluate supplies/resources • Continue resident/staff/visitor screening • Complete COVID-19 testing for all exposed staff/residents • Evaluate supply chains and other resources for essential materials such as the Health Department or the State

- **Immediate (0-24 hours)** • Activate resident isolation • Supply PPE to care for COVID-19 positive residents such as N-95 mask, gowns, gloves and goggles if needed for symptomatic residents with a cough • Screen residents for signs and symptoms at least twice daily • Screen staff for signs and symptoms at the start of their shift • Clean and disinfect the facility more frequently with hospital grade solutions • Determine if

health care personnel (HCP) are providing services in other facilities • Establish contact with receiving agencies (hospitals, other facilities) • Identify lead at facility and determine stakeholders involved external to facility • Engage with community partners (public health, health care, organizational leadership, local/state administrators) • Activate all communication plans via phone calls, sending message out on Care Merge and Family Connect) • update service plan to reflect increased health care monitoring

• Determine need for facility restrictions/lock-down • Maintain resident care • Work with the local health department/authority or DSHS to activate testing strategy to include testing of all staff and residents with resident/POA consent using DTR lab or HHS supplies for possible COVID-19. • If a staff member is symptomatic for COVID-19, the staff must be taken off the schedule immediately until results are obtained. If the staff test positive for COVID-19, the staff must be taken off the schedule for a minimum of 10 days and may not return to work until after the ten days and/or is asymptomatic.

Extended (24-72 hours) • Supply PPE for HCP and staff • Screen residents for signs and symptoms twice daily • Activate resident transport (resident out/in) protocols • Establish contact with transporting/receiving agencies (hospitals, other facilities) Continue decontamination procedures • Engage with external partners • Determine need for facility restrictions/lock-down • Maintain resident care

Long Term (72 hours plus) • Screen residents for signs and symptoms twice daily am and pm • Continue decontamination procedures • Establish contact with transporting/receiving agencies (hospitals, other facilities) • Maintain resident care

VISITOR MAY NOT SCREEN SELF, THIS MUST BE PERFORMED BY TRAINED STAFF MEMBER TO ASSURE WE ARE NOT ALLOWING A POSSIBLE INFECTED VISITOR INTO THE FACILITY

STAFF MAY NOT SCREEN SELF, ONCOMING STAFF IS TO BE SCREENED BY OFF-GOING STAFF

Infection control checklist for COVID-19 for HHSC

Entering the facility

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures?
- Are signs posted at entrances with instructions to individuals to cover their mouth and nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions and soiled surfaces?
- Did staff follow procedures to process surveyor screening prior to entry?

Resident Observations and Interviews

Observe and interview every resident.

What information has the facility given to residents regarding?

- hand hygiene

- reporting symptoms of respiratory illness
- leaving the facility
- limitations on visitors

Hand Hygiene

Interview appropriate staff to determine if hand hygiene supplies such as hand sanitizer, soap, paper towels, garbage bags for disposal, and bleach wipes are readily available and who they contact for replacement supplies.

Are staff performing hand hygiene (even if gloves are used) whenever indicated, including in the following situations? Before and after contact with the resident

- After contact with blood, body fluids, or visibly contaminated surfaces
- After contact with objects and surfaces in the resident's environment and common areas

After removing personal protective equipment (e.g., gloves, gown, facemask) and before performing a procedure such as a sterile task (e.g., wound dressing care, feeding tube maintenance)

Is alcohol-based sanitizer available and readily accessible for staff?

PPE

What is the facility's status on available PPE?

If the facility is experiencing shortages, what methods are they using to conserve available supplies?

- Are staff using N95 respirators, or if not available, masks?
- Have staff been fit tested, if applicable to the type of mask?
- Are staff wearing gloves?
- Are gloves worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin?
- Are gloves removed after contact with blood or body fluids, mucous membranes, or non-intact skin?
- Are gloves changed and hand hygiene performed before moving from a contaminated body site to a clean body site during resident care?
- Are staff using isolation gowns?
- Are staff using goggles?
- Are staff using face shields?

Evaluate how the facility staff dons and doffs PPE.

- If PPE use is extended/reused, is it done according to national, state, and local guidelines?
- If the facility is using reusable PPE, how is it sanitized, decontaminated, and maintained between uses?

Education, Monitoring, and Screening of Staff

- Is there evidence that the facility staff has been educated on COVID-19 (symptoms, how it is transmitted, screening criteria, work exclusions)?
- Do all staff have access to the facility administrator or manager?
- Do staff have access to contact information for the Local Health Department, (or if there is no Local Health Department, the Department of State Health Services), and local hospital for emergencies and medical guidance?
- How has the provider conveyed updates on COVID-19 to all staff?

Shift Change

The facility must document staff, resident and visitor screening. The screening log must at a minimum include the following: name, date, temperature and time taken, signs and symptoms (shortness of breath, new or change in cough, sore throat), exposure to a facility with confirmed COVID-19 cases.

- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness?
- Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?

Where and how is the screening documented?

If a resident has a temperature above normal ranges, but below the CDC-recommended COVID-19 criterion, how is this communicated during shift change to facilitate monitoring of possible symptoms?

Staff Monitoring

If staff develop symptoms at work, does the facility:

- have a process for staff to report their illness or developing symptoms?

inform the facility's administrator and include information on residents, equipment, and locations of the persons they came in contact with?

Resident Service Plans

Review resident service plans and information for current resident health conditions.

- Did the facility conduct a review of all resident service plans to establish a baseline for health conditions and symptoms of illness?
- What actions were taken to update resident service plans if necessary, and to inform residents about changes in facility policy?

Medication Administration

Review the medication list and medication administration record for each resident. If medications were changed recently or in response to COVID-19 policy implementation, were the residents aware of the changes?

- Were legally authorized representatives informed?
- Were doctor's instructions followed for medication administration and transportation for testing relating to drug regimen?

Meal Preparation and Service, Activities

- For meals taken in the dining room or common areas, has the facility allowed for physical distancing during mealtime
- Is the facility practicing physical distancing for activities when they are appropriate during the response to COVID-19?

Sanitation and Housekeeping

Interview housekeeping staff.

What additional cleaning and disinfection procedures are in place to mitigate spread of illness?

- Does the facility have adequate housekeeping staff to clean and disinfect resident rooms and common areas as frequently as necessary to ensure appropriate infection control?
- Does the facility have adequate supply of housekeeping equipment and supplies?
- Does housekeeping staff know whom to contact if supplies are getting low?

Emergency Preparedness- Staffing Levels in Emergencies

- Does the ALF have a policy and procedures for ensuring staffing to meet the needs of the residents when needed during an emergency, such as the COVID-19 outbreak?
- Does the ALF have adequate staffing to care for residents based on current census and resident needs?
- Does staff know how to report inadequate staffing needs to the administrator or manager?
- In an emergency, did the ALF implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if emergency staff was not needed)

Reporting and Response after a Positive COVID-19 Case

Determine the following for each onsite visit positive COVID case reported or discovered onsite.

Review ALF isolation precautions and determine how residents are isolated in the ALF (dedicated wing, private room) to ensure compliance with requirements.

- If the ALF has known positive cases of COVID-19, were they appropriately reported to HHSC and to local health department or DSHS?

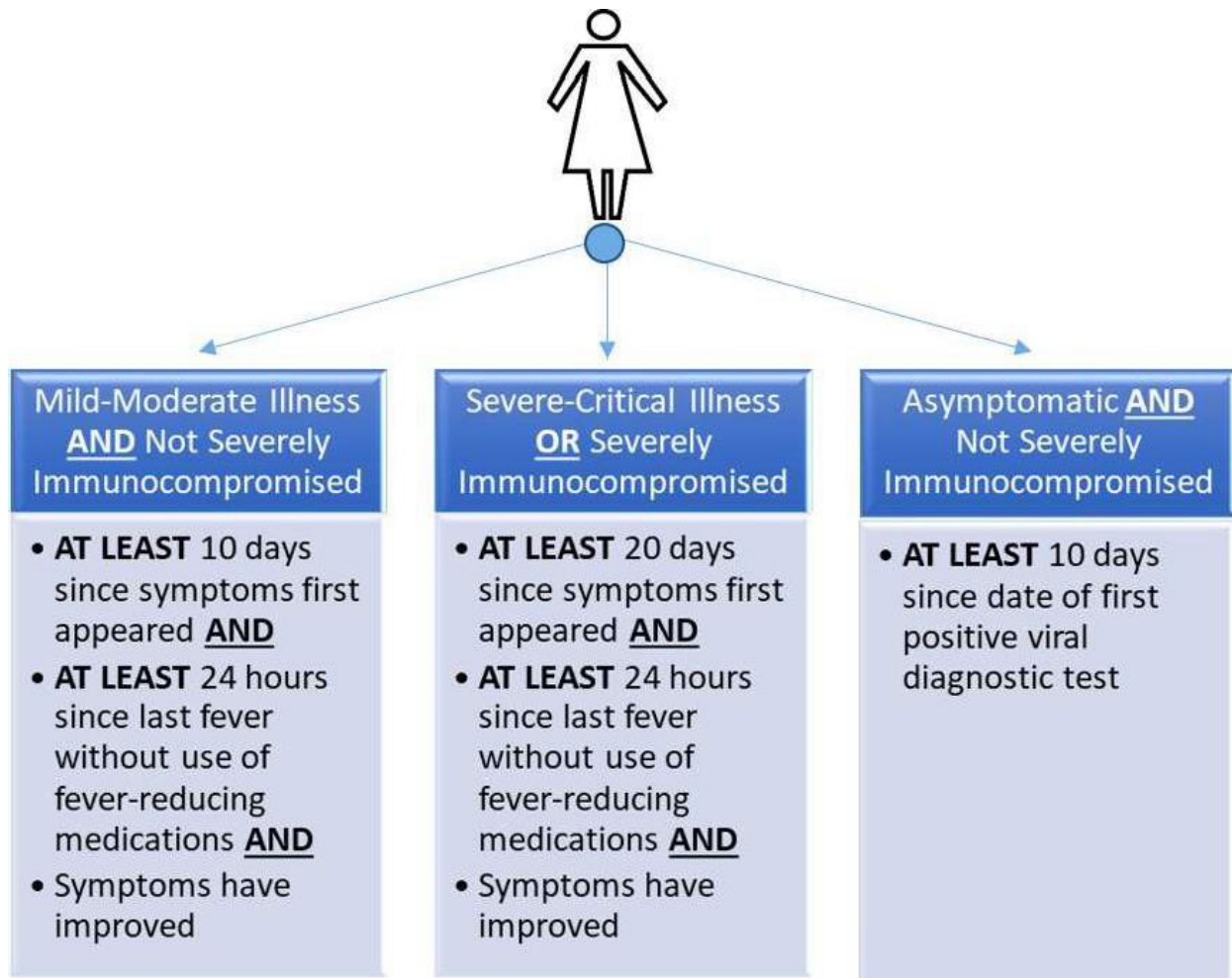
☐ Is there a local control or quarantine order?

- Is the ALF aware of the order?
 - Are the control or quarantine orders being followed as appropriate?
 - Where the staff work for multiple facilities and or agencies, did the ALF track such employment?
 - If a staff member tested positive for COVID-19, did the ALF contact other facilities where the employee is currently working?
- What is the number of residents positive for COVID-19?
- What is the number of staff positive for COVID-19? Determine if others (contract staff, family members, vendors) are also being tested.
- After a positive COVID-19 case has been identified in the ALF, what are ALF procedures for admission and discharge?
- Regional office staff must perform a call-down to all other facilities in when staff at one ALF tested positive for COVID-19.
- Determine whether staff, residents, and families are notified of positive COVID-19 cases in the ALF. How is the ALF tracking hospitalization of COVID-19-positive ALF residents?
- How is the ALF tracking deaths of COVID-19-positive ALF residents?
- How is the ALF tracking quarantine periods for COVID-19-positive residents and staff?

Attachment 01: Staff Return-to-Work and Resident End of Isolation Flowcharts

Staff Return-to-Work Flowchart

When can staff return to work? CDC recommends a symptom-based strategy.



Mild-Moderate Illness *and* not severely immunocompromised

- At least 10 days since symptoms first appeared **and**
- At least 24 hours since last fever without use of fever-reducing medications
- **and**
- Symptoms have improved

Severe-Critical Illness *or* Severely Immunocompromised At least 20 days since

- symptoms first appeared **and**
- **At least** 24 hours since last fever without use of fever-reducing medications **and**
- Symptoms have improved

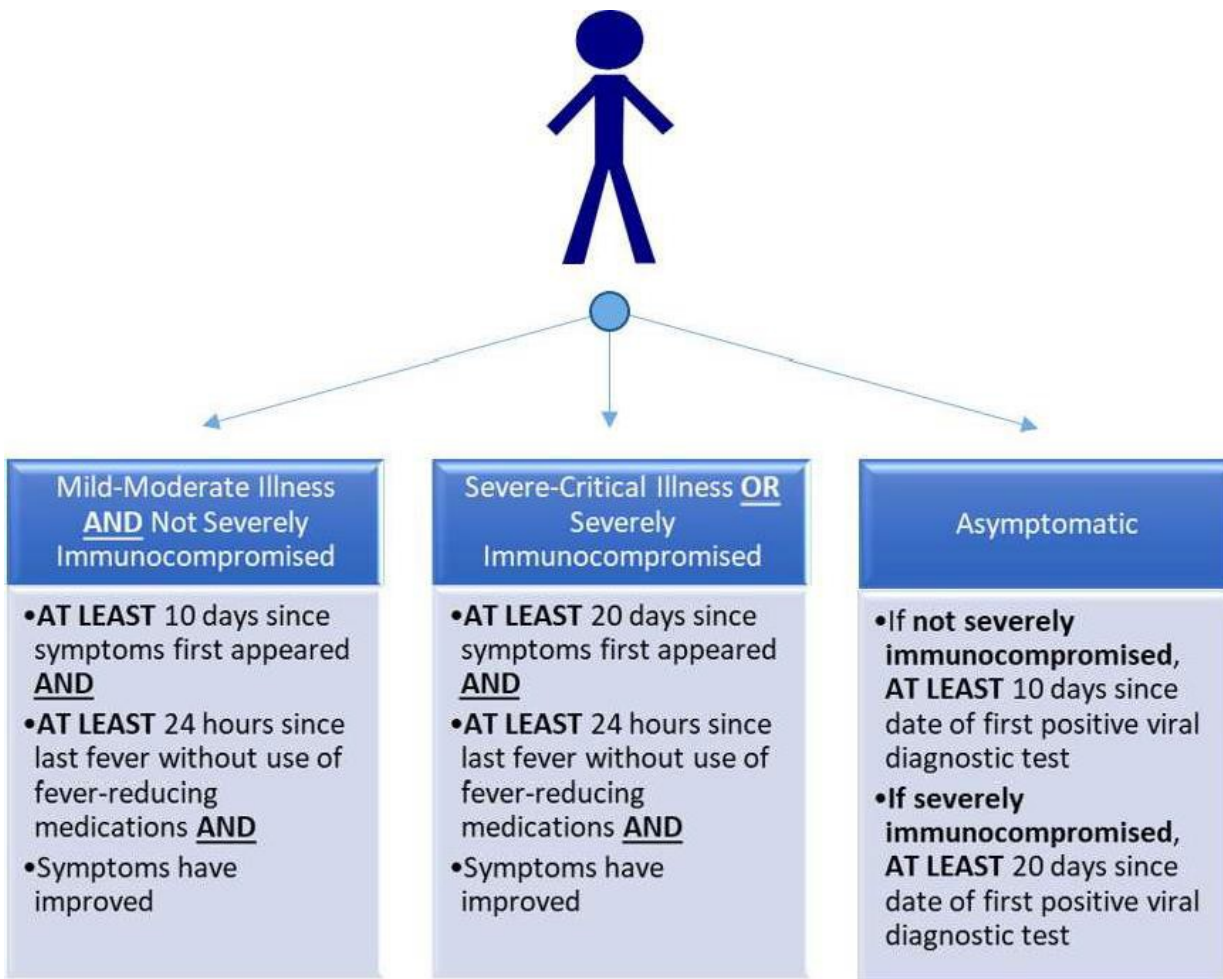
Asymptomatic and Not Severely Immunocompromised

- **At least** 10 days since date of first positive viral diagnostic test

After returning to work, staff should:

- self-monitor for symptoms and
- immediately stop work, leave the facility, and seek immediate care if Symptoms recur or worsen.

Resident End of Isolation Flowchart



Mild-Moderate Illness *and* Not Severely Immunocompromised

- **At least** 10 days since symptoms first appeared **and**
- **At least** 24 hours since last fever without use of fever-reducing medications

and

- Symptoms have improved

Severe-Critical Illness or Severely Immunocompromised

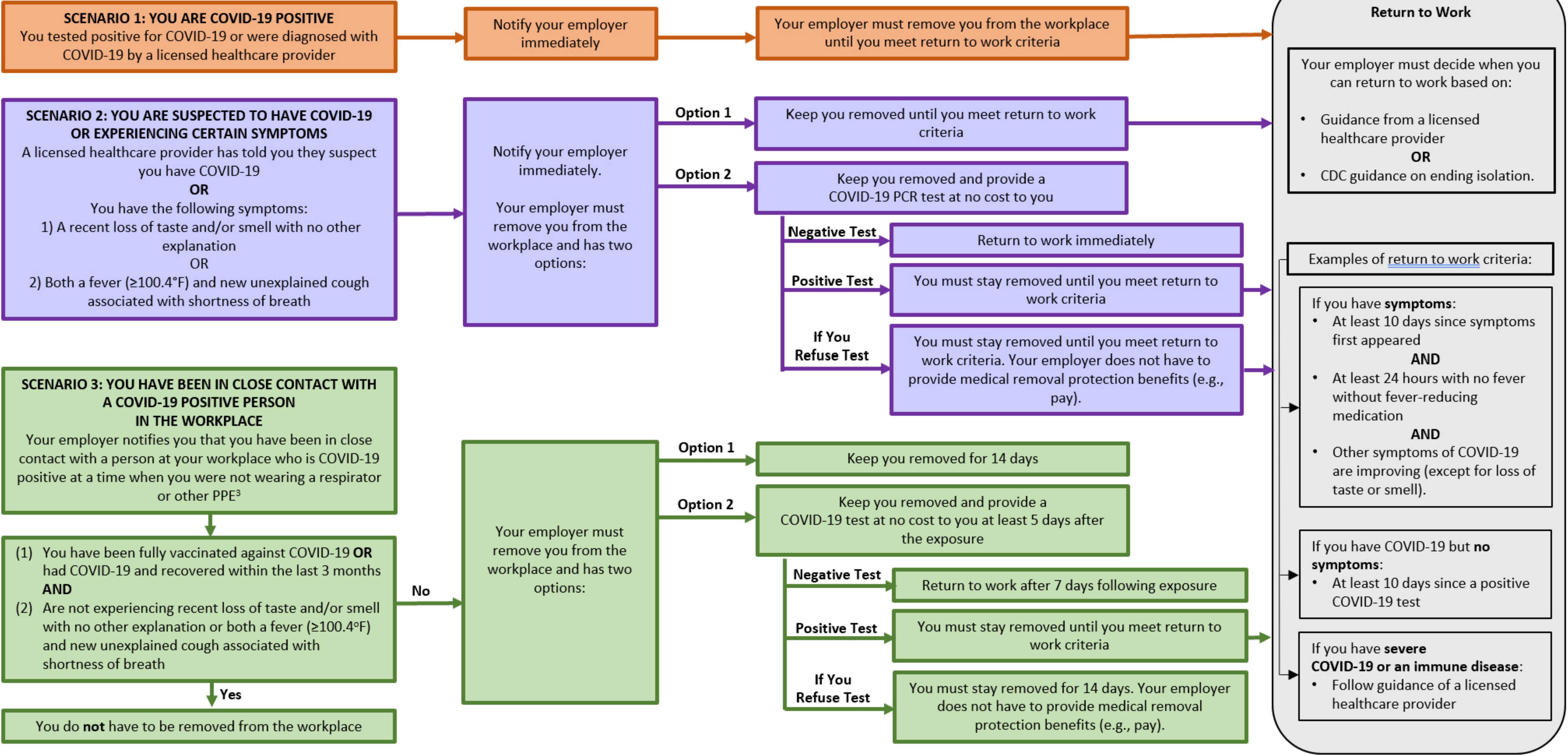
- **At least** 20 days since symptoms first appeared **and**
- **At least** 24 hours since last fever without use of fever-reducing medications **and**
- Symptoms have improved

Asymptomatic

- **If not severely immunocompromised, at least** 10 days since date of first positive viral diagnostic test
- **If severely immunocompromised, At least** 20 days since date of first positive viral diagnostic test

Attachment 02 ETS Guidance for Employees – Notification to Employer and Paid¹ Medical Removal for COVID-19

This flow chart explains when you need to notify your employer about COVID-19-related issues, when your employer must notify you about COVID-19 exposures in the workplace, and when your employer must remove you from the workplace.²



¹ OSHA is requiring medical removal protection benefits to be paid only by employers that have more than 10 employees.
² Your employer may choose to remove or test you for other COVID-19-related reasons not required by the ETS (e.g., additional symptoms from the CDC list or exposure to someone who is COVID-19 positive outside the workplace).
³ Your employer is not required to notify you following exposure to a patient with confirmed COVID-19 if you work in a place where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities).