



OALA worked in conjunction with Pam Reese, Founder of Quality Now, to provide this sample policy guidelines

COVID-19 PANDEMIC GUIDELINES FOR ASSISTED LIVING STAFF – THE ILL RESIDENT

When the resident is exhibiting symptoms, regardless of their confirmed diagnosis

Wet or dry cough /congestion / fever / N&V / diarrhea / SOB

- The nurse will be following prescribed orders and contacting the family and Physician as needed.
- Because of communal living and apartment spaces of the assisted living, it is difficult to isolate the ill patients to a designated area.
- Keep the resident's doors closed at all times, place a designated colored ribbon on the outside doorknob of the ill resident's room. This will alert all personal care givers of the patient's condition. Another discrete identifier may be used in this case.
- PPE equipment should be available near the resident's door, this is to include a disposable gown, mask and gloves.
- If supplies are limited, utilize gowns for the most at risk residents, or those that have a cough and fever.
- All staff should be wearing a mask upon entering the room and disposing of the mask prior to exiting the room. If gowns and gloves are worn, place on prior to entering the room and take off at the door prior to exiting. If need be, place a trash can by the door exit on the inside of the room. Staff remove their PPE with their backs to the resident.
- If aerosol treatments and other close contact procedures are being conducted, it is recommended that the staff in fact wear the gown, gloves, and mask.
- Limit staff movement within the resident's room. Eliminate room activities, maintenance and dietary staff from entering the room unless necessary. All entrance to the room should be limited to essential staff only. It is desirable to schedule consistent staff to patient scheduling. The caregiver staff deliver meals and remove trays, ensure hydration, put TVs on and turn off, etc.
- It is important to check the resident frequently for changes in condition. If you are opening the door and talking to the resident from the door, you do not need to gown, or wear gloves, unless the resident is coughing, you would not need to mask. However, you are touching the doorknobs, ensure that you continue to utilize the touch and scrub method, (touch anything, wash your hands).
- It is best to have designated sick patient caregivers and healthy patient caregivers. This can be designated by the director of nursing, maintaining structure and limiting exposure to all staff
- If the resident is diagnosed with positive COVID 19 and remains in the facility, administration will designate a "COVID caregiver team", a small group of staff per shift that will only work with the COVID 19 residents as to limit exposure risk to other residents. The COVID team or "CCT" will wear PPE while in the room delivering care. The team is responsible for all levels of care to include, direct resident care, feeding, meal delivery and pick up, laundry and cleaning of the room. A schedule devised by the team will designate who will be performing specific duties and task. It is desirable to move positive COVID 19 residents to a designated unit or floor, however if space does not permit, the CCT should distance themselves from other caregivers, having their supplies in an accessible location to them.**