



Assisted Living And COVID-19

ODH- COVID-19 Hotline: 1-833-4ASKODH (1-833-427-5634)

[Ohio Coronavirus Website : coronavirus.ohio.gov](https://coronavirus.ohio.gov)

Assisted Living communities are required to follow ODH (Ohio Department of Health) for licensed Homes regulations/orders. Additionally, CDC/CMS have issued recommendations and guidelines. AL communities should review CDC recommendations and CMS guidelines for helpful information. If your infection control policy states you “Follow CDC Guidelines”, then you must per your policy follow CDC Guidelines.

KEY- Categorized by Topic in Green
Requirements/Guidance/Resource Tools

Requirements in Place as Of March, 2021

COVID-19 Signs and Symptoms

- People with COVID-19 have had a wide range of [symptoms](#) reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Typical symptoms include cough, shortness of breath, or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of smell or taste. Symptoms of the senior population may present very differently, seniors may seem “off” — not acting like themselves -early on after being infected by the coronavirus. They may sleep more than usual or stop eating. They may seem unusually apathetic or confused, become disorientated, experience low blood pressure, painful swallowing, diarrhea, nausea, vomiting, abdominal pain, or experience falls.

Disinfection/Infection Control: Aggressive Infection Control

- Residents are limited to their rooms if they become ill, if ill or symptomatic all meals must be served in room.
- If a resident has respiratory symptoms, make sure they are in [contact isolation](#) per CDC guidance

- Make sure you have a supply of disposable cups, plates, and utensils that can be thrown away. Don't go through the kitchen after leaving a room with a sick person.
- **Continue** to **educate** staff on Hygiene and Social Distancing ([ODH flyer](#)) outside of direct resident care
 - Don't touch 'T-Zone' on your face (eyes/nose/mouth)
 - Use a tissue to cover your mouth and nose when coughing or sneezing. (throwing the tissue away immediately) If you do not have a tissue cough into your elbow
 - Avoid shaking hands, hugging, etc.
 - Carry tissues in the event you need to touch public sink areas/doorknobs/elevator buttons/etc. and throw the tissue away immediately after use.
- Offer stations of hand sanitizer at entry points for all entering community and in employee breakroom
 - Have staff wash their hands upon entry to the community & frequently throughout their shift – CDC's updated recommendation is **20 seconds**. ([Washing Hands Sample Sign](#))
 - Communities can have all mail delivered and placed in a mail bin, **this is Federally acceptable**, even if mail is addressed with an individual Resident's apartment number. Utilize a substantial bin or receptacle to accommodate the normal volume of mail and place a note on the receptacle stating, "**Attention Postal Carrier – Please place all mail in receptacle, staff will ensure delivery to individual residents.**"

Infection Control Plan

What does my Infection Control Plan need to include since the inception of COVID-19?

- Assisted Living communities need follow **additional** infection control policies during this pandemic. First, ODH stated all providers must have general infection control policies and procedures as established in RCF rule [OAC 3701-16-12 \(C\)](#) .
- Then, all Assisted Livings must have additional infection control policies and procedures pertaining to COVID as outlined in the [CDC guidance for Assisted Living Facilities](#). It is very important that you have specific COVID infection control policies and procedures, not just general infection control policies, they need to be tailored to the current pandemic.
- For ease of quick reference, these policies and procedures might be kept separately in a binder and follow the flow of the CDC Guidance for Assisted Living. While the Focused Infection Control Survey information was intended for SNF's, we see this as a valuable tool for Assisted Living Communities as well as the CDC document to use

to model their Infection control policies and procedures

Focused Infection Control Survey for SNF's

- Use [EPA Registered Disinfectants](#)
- [Infection Control](#) in Long Term Care Settings
- Infection control in [Memory Care](#) Settings
- [Healthcare Infection and Prevention](#)
- **Staffing Strategies/Resident Cohorting to help increase Infection Control:** In this approach “bundling of care” is appropriate. This is utilized when a nurse/staff is providing care to high-risk residents such as” exposed” or “probable/positive”. All needed care for that period of time is done at once, by the same nurse or staff. This further serves to limit exposure as well as conserve on critical PPE. In this approach care needs would be provided to non-exposed residents first with a procedure mask and routine precautions, then care needs provided to exposed residents using a procedure mask, goggles/face shield and isolation gown, and finally probable/positive residents care needs would be provided in highest level of PPE that you are able to supply such as a N95 mask, goggles/face shield and isolation gown. Depending on your supply of PPE, isolation gowns could be left in resident’s rooms for reuse with individual resident. ([PPE Contingency Planning](#)) This method is also used in conjunction with cohorting residents, although we recognize that cohorting can be very difficult in Assisted Living given the nature that each individual apartment is generally thought of as” their own”.

Screening – Essential Personnel, Resident and Staff

- See Visitation Category
- Communities must have a Visitor Log for all employees, families, vendors, ancillary providers – the log should include **date, time, name, contact information, temperature, and purpose** ([Sample Screening Tool](#)) Logs must be kept on record for **6 months**. If the person entering your building is an unknown healthcare provider, they must show an employee issued photo ID.
 - At the time of checking in, follow screening protocol: (*keep log*)
 - Temperature at or higher than **100 degrees**, if yes then deny entry (*no standardized thermometer required – but should physically take visitor temperatures*)
 - Assess for cough, shortness of breath/breathing difficulties, etc.
 - Have they traveled internationally to at risk countries or to areas where confirmed COVID-19 cases exist within the last 14 days, if yes then deny entry. This includes the States that are under a [Travel Advisory](#).

- Have they been in contact in the last 14 days with someone that is confirmed OR Investigated to be a case of COVID-19? Or in contact with someone who has self-quarantined? If so, should not enter.
 - Have mask, gown, and gloves available to reduce risk of spreading any viruses
- Staff should be vigilant for fever or respiratory symptoms (e.g., shortness of breath, new or change in cough, and sore throat) among their residents.
- Implement active monitoring for fever and respiratory symptoms for all **residents** (at least once per shift, Best Practice is 2 times a day)
- Implement active monitoring for fever and respiratory symptoms for all **staff** (upon arrival and **departure** daily)
- **EMT & Fire Personnel – Do NOT require the screening when responding to an emergency.**
- **The USA Postmaster General’s office** has confirmed the following: Postal carriers are not required to go through a screening process in individual buildings.
- Post signs requesting anyone to avoid entering if sick or showing signs of illness. (CDC provides [sample signage](#) you can use at your community) (additional [sample signage](#) by CDC)
- Limit to a **single point of entry**, redirect all people to this entrance which should be monitored and where screenings/logs are kept.
- Designate a “docking area” where vendors can leave orders and employees can pick-up/sanitize (by community policy) and bring into the community.

COVID-19 Reporting/Notification

What is the Process of Reporting for COVID-19 Positive Cases? (Resident/Staff)

- RCFs are Required by the [Director’s Orders](#) to notify all residents/sponsors/guardians in community. [Sample Letter](#). A copy of this letter should be sent only for the First Positive Resident or Staff in the building to ODH: **246 N High St, Columbus, OH 43215**, (if a call used, need script (send to ODH), documentation, call date, etc.) or a copy of the letter could also be emailed to Rebecca.Sandholdt@odh.ohio.gov , subject line, **Facility COVID-19 notification. A copy of the letter should only be sent or emailed in the first case of a resident or staff member in the building.**
- **The above notifications are required the First Time** there is a COVID-19 Probable/Positive Resident or Staff. Subsequent cases do not require a separate letter, **but Residents/Sponsors/Guardians must be kept apprised of the changing status/number of cases of COVID-19 in your building as timely as possible** (ex. **Regular** calls/emails//newsletters) Staff need to be notified of any probable or confirmed

cases in your building (residents and other staff members) start of shift, standup meetings, other communication forms

- **The [Local Health Department](#) MUST be notified for every Positive within 24 hours**
- **ALW provider must additionally report** to the PAA and/or MyCare case manager within 24 hours: [ALW Notification](#)
EMT's need to be notified prior to coming to community if transporting a COVID-19 Probable/Positive resident. ([First Responder Notification](#))
- [Complete Reporting, notification/sample letter information](#)
- EMT's need to be notified prior to coming to community if transporting a COVID-19 Probable/Positive resident. ([First Responder Notification](#))
- Ohio Funeral Homes' Association requested the following: ([Ohio Funeral Directors Recommendations](#))
 - Identify an area for transferring that minimizes exposure for the other residents, employees and funeral home personnel. Limit personnel escorting the funeral staff and decedent from the point of removal to the funeral vehicle.
 - Gather documentation and make available at the transfer area to help avoid going into more than one area in the community.
 - If respiratory infection is the cause of death, advise the funeral practitioner at the **time of initial death notification.**

[Emergency Information on staffing/CCURT/ Bridge Team](#)

State Help with Emergency Staffing.

- The referenced piece regarding CCURT/ Bridge Team, contains important information on emergency staffing engagement. Please see all sections of the material in: [CCURT/Bridge Team Information](#). This gives guidance of when to contact the CCURT/Bridge Team, what happens once the CCURT/Bridge team is initiated, how to contact the CCURT/Bridge team with direct emails and phone numbers
- [EMA](#)- How to request resources, [EMA](#)- how to find your local EMA [LHD](#)- How to locate your Local Health Department
- Bridge Team Coordinator (BTC) – Contact Information Primary Bridge Team Coordinator (BTC) Rick Hoover, ODH ricky.hoover@odh.ohio.gov 614-562-2580
- Back Up Bridge Team Coordinators (If Ricky is unavailable)
Dave Holston, ODH dave.holston@odh.ohio.gov 614-301-8750
- Julie Davis, ODM julie.davis@medicaid.ohio.gov 614-204-6549
- Jayson Rogers, ODH jayson.rogers@odh.ohio.gov 614-752-9156 General CCURT Questions Inbox CCURT@odh.ohio.gov

- [Ohio Hospital/Region Zones](#) – You need to know what Zone/Region you are in

PPE Mitigation /N95's

- [CDC Strategies for optimizing PPE - Facemasks, N95's, Gowns, Protective eyewear](#)
Strategies for Optimizing the use of N95's – Considerations to conserve,
[Decontamination and Reuse of N95 Respirators](#)
- [N95 Reuse](#) – maximum of 5 “uses’ (donning/doffing) 72-hour rest period between uses
- [Considerations for extending use of N95's](#) – Ability to wear a procedure/surgical mask over a N95 with face shield and change procedure/surgical mask between each resident as well as cleaning the face shield. BID explained that CDC had changed a very small portion of the proceeding document, to state this is a strategy that can be used in a crisis situation as described in the CDC strategies for Optimizing the Supply of N95 Respirators.

Types of COVID-19 Testing

Antigen tests

Rapid diagnostic tests are antigen tests. They are taken with a nasal or throat swab and detect a protein that is part of the coronavirus. These tests are particularly useful for identifying a person who is at or near peak infection.

Molecular/PCR tests

Molecular tests detect genetic material – the RNA – of the coronavirus and are sensitive enough to need only a very tiny amount of it. PCR test are able to pick up very small amounts of viral RNA very early in an infection, so there is a low chance for false negatives, including among pre-symptomatic and asymptomatic COVID-19 cases. PCR is considered the gold standard for many viruses seen in the past

Antigen – Rapid Test Requirements:

What do I need in order to utilize ANY COVID-19 Antigen testing in my Building?

In order to perform Antigen tests, you must have a **CLIA** Waiver:

How do I obtain a CLIA Waiver?

[How to obtain CLIA Waiver](#)

What type of Reporting is Required when using any Antigen tests in your Building?

Antigen Tests require special reporting, including **ODH daily reporting**, whether you test every day or not. CSV (comma separated value file) reporting is also required for **all tests** whether a negative or positive result, even if you test visitors or someone outside your Staff/Resident

CLIA waived reporting requirements for COVID-19 Antigen Tests : [Bill Storm Assisted living Recorded Webinar](#) , Email for Questions: ELR@odh.gov or William.Storm@odh.gov

[OALA Step by Step Guide](#) to Register your facility as a lab, ELR request and CSV submission - screenshots

[ODH Step by Step Guidance for Electronic Submission Reporting](#)

ODA Assisted Living Testing Program

[Director's Order to Test Assisted Living Staff and Residents](#)

Quick Links For information on AL State Supported COVID-19 Testing:

What are the New Assisted Living COVID-19 Testing Requirements?

[New Testing Guidelines](#) Requiring Assisted Living Weekly Staff Testing, Residents Strategically

General COVID Testing email COVIDTESTING@age.ohio.gov

MAKO State Support Lab Information:

Who do I contact if I am in the State Supported MAKO program and I have an issue with getting tests, results etc.?

MAKO Contacts: Ryan Nibert rnibert@makomedical.com , Jonathan Tucker jtucker@makomedical.com

[Department of Aging Assisted Living Testing Homepage](#)

[Testing FAQ's](#)

[How to Create Mako EREQs that retains data](#)

[Mako Results Portal](#) - Where to go to access Staff and Resident COVID-19 Test results

[Residential Care Facilities Expansion Survey](#)

[Individual Testing Schedule for Facilities](#)

[ODA Testing Dates and Reporting Cycle](#)

Where is the ODA Reporting Portal located?

This will only be open during Reporting Cycles and will always be located under Testing at ODA's [Residential Testing Initiative Site](#)

Visitation

What is the Current Director's Order for Assisted Living Visitation?

6th Amended Director's Order

Compassionate Care Visits: Clarified in the 6th Director's Order

- Essentially compassionate care visits as stated in the 5th amended Order have not changed but been **clarified** in the **6th Order**. Compassionate Care visits for compassionate care reasons are to include individuals not just near end of life on hospice. They are not the same, however, although the reasoning for providing them is similar. The 6th Order, just as the 5th Order requires facilities to work with residents, families, caregivers, clinicians and the Office of the State LTC Ombudsman to identify the need, length and frequency for compassionate care visits. This group and/or a **clinician group** you determine should identify the medical and psychosocial needs for these visits and incorporate these visits in a plan of care. These visits should not be a substitute for regular visitation, nor should they necessarily be conducted on a regular basis.
- The 6th Director's Order **clarifies** that Compassionate Care visits can take place **in person** for Residents who are on Transmission -based COVID-19 restrictions with adherence to transmission-based precautions.
- The 6th Director's Order Clarifies that regular **visitation** for Residents that are on transmission- based precautions for COVID-19 should **only receive visits that are virtual or through Window visits**.
- Because each facility is different, each facility can determine how to best implement outdoor visitations, however, at a minimum, all facilities must develop a policy that includes:
- Review of COVID-19 status in your building, general community and [county status](#), [Ohio Public Awareness System](#)
- The facility has adequate supplies of PPE and essential cleaning and disinfection supplies to care for residents
- The facility has adequate access to COVID-19 Testing
- Referral hospital(s) have bed capacity on floors as well as ICU availability

- Screening for temperatures and symptom-reporting for visitors (log must be kept for 6 months)
- Obtain Visitor contact information (log must be kept for 6 months)
- Scheduled visits and time limits for visits (30 mins), Visitor limitation (no more than 2), age requirement of visitors (ability to maintain source control and social distancing)
- Proper social distancing measures during visitation
- Face coverings on all visitors and staff – Facility to provide Masks
- Resident, family, and friend education about the risks of the spread of COVID-19
- Sample [Family/Friend Educational Letter](#)
- Sample [Resident Educational Letter](#)
- Ensure your contact sheets for employees, family members and resident representatives are all up to date
- Discourage residents going out with their family as it poses a risk not just to the individual or their family but to everyone in your community. All efforts are to reduce exposure.
- Encourage communication for residents to visit and stay in touch with their family. (use remote tools such as Skype, FaceTime, or other chat options, Social Media, text, conference calls, etc.)
- Home Health, Hospice, Physicians – anyone providing medical or support care (ADL’s) would be considered “essential” and would be exempt from visitor guidelines. **However**, these individuals all need to be screened prior to entry.

Hospice Exemption: Hospice support team are not restricted, and it is the expectation that these services continue based on the care plan of the resident. **Providers should notify family members when a resident's substantial change of condition indicates end-of-life is approaching. Providers should not wait until a resident is actively dying to allow visitors.**

[ODH Visitation Portal](#)

How do I input my Visitation Plan in the Portal?

Below is the basic process to follow to input your **visitation plan**. You are only inputting on this Dashboard **your plan**, **not actual visits**, you do not need to “circle” back noting actual visits, although you should have a record of those at your community from your schedule, screening, contacts. Remember to **use google chrome** when working with this process. You can put in ranges, for example, 9-11am and then 1- 4pm. Some providers may want to go back and [Update their listings](#). (OALA Update)

- The First step to enter your Visitation plan is to establish an [OH/ID account](#). (Most Assisted Living’s do not have an OH/ID number)
- The second step after establishing OH/ID account is to [register your facility\(s\)](#).
- **WAIT** for approval from the State which can take up to 24 hours. This

approval is what will bring the LTC facility application up for you on your OH/ID Dashboard. You will need to Launch this Application when it appears on your OH/ID dashboard.

The process is much simpler if the community already has an OH/ID account, in which case you simply begin by registering your facility. This process **still requires the wait time** for the LTC facility Application to show on your OH/ID dashboard.

[Step by Step Instructions from Rebecca Sandholdt](#)

If you are still having problems with the Visitation Dashboard, you can email Rebecca.Sandholdt@odh.ohio.gov, Jill.Shonk@odh.ohio.gov or Ricky.Hoover@odh.ohio.gov

Federal Vaccination Partnership Program:

It is important to know who your Individual Point of Contact is with the Pharmacy that you have been paired with in the Vaccine Partnership. While some of these Assisted Living Vaccine clinic dates have been pushed back, this is the time to gather information for consents and provide Staff and Resident education. (Education resources above)

Who should I Contact in the Federal Pharmacy Partnership once I receive a Welcome letter?

The most important contact after you receive your welcome letter will be the **Point Of Contact** listed in your Welcome letter.

Some Federal Pharmacy Partnership Resources and generic contact information

CVS Pharmacy Resource Website:

- <https://www.omnicare.com/covid-19-vaccine-resource>
- **CVS Pharmacy Email** is monitored 24-hours a day and can help answer any questions you may have about the program:
CovidVaccineClinicsLTFCF@CVSHealth.com
- Updated instructions on consents: [Consents Requirements and Process](#)
- New PDF form to use to obtain consent: [New PDF Form information](#)
- New responsible party PDF to complete for consent: [Responsible Party PDF](#)

Walgreens Resource Website:

- Updated new landing page, <http://walgreens.com/ltcf-covid-vaccine>
- Consent guidance with instructions saying they will accept verbal or email consent:

https://www.walgreens.com/images/adaptive/pdf/covid/VAR_Guide_2.pdf

- WAG's FAQs that are a bit confusing but still say you can accept verbal consent. What they are saying is the **facility staff will have to sign to say they confirm verbal or email consent.**
- Regional Representative: Rena Estep, rena.estep@walgreens.com

Absolute Pharmacy Resource:

- Mary Jo McElyea, Maryjo.mcelyea@abshealth.com, 330.498.5220

PharmScript Pharmacy Resource:

- Meran Halaweh, 888-319-1818 ext. 1262, mhalaweh@pharmscript.com

Who Do I contact if I have not received a Welcome Letter from the Pharmacy Partner I chose OR I did not Choose a Pharmacy Partner and I NOW need to get my Residents and Staff Vaccinated?

- You must immediately reach out to your Local Health Department, as they have been given the directive to work with Providers in group 1 A to help vaccinate the Residents and Staff

COVID-19 Vaccine and Long-Term Care Facilities

[Ohio Department of Health Vaccine Maintenance Program](#)

Dining/Activities

- **Communal dining** in Assisted Living was never prohibited under a State Order for licensed homes in Ohio. CDC, however, strongly recommended halting communal dining at a point in the pandemic, but it was not a requirement.
- ODH stated communal dining was appropriate as long as social distancing was maintained. This could be accomplished by staggered dining hours, assigned table at all meals, must still ask resident if preference is to dine in apartment.

Activities – The ODH regulatory arm has now responded that activities can happen in Assisted Living for more than 10 people provided they are social distanced (6 ft.), wearing masks and practicing regular hand hygiene. The activity in particular we discussed was a Mass in AL. This is good news for our communities and all activities especially as we have so many residents fully vaccinated now.

Quarantine Information:

ODH put out a [document](#) recently seeming to indicate that the [new CDC quarantine option](#) to reduce quarantine could not be used in Assisted Living. Some recent ODH responses to questions, however, seem to indicate it can be used some circumstances. It is important to remember these guidelines/options are for individuals that are **Unknown** or have had **contact** with a COVID-19 positive individual, **not for** individuals that tested **positive**.

[OALA Quarantine Guide](#) – What to do if a Resident or Staff is COVID-19 **Positive with Symptoms**

or **Asymptomatic**? How long do they stay in Quarantine/Isolation?

What if my Resident is Positive and Symptomatic?

- **Care in Place** - if care can be done safely- A cognitively intact resident may be able to self-isolate in their apartment. If medical needs exceed ability to care, then would need to temporarily transfer to Skilled Facility.
- Staff caring for Resident and staff in resident care areas must be in [all recommended COVID-19 PPE](#) (N95, Eye protection, Gown, Gloves) If caring for non-COVID-19 residents in other areas of the building , staff need to wear at minimum ,procedure masks and eye protection
- If unable to cohort –Best practice is to care for non-positive residents first, then work your way to exposed, positive residents
- May remove from Isolation after at least 10 days have passed from first symptoms and 24 hours have passed with no fever, not utilizing fever reducing medication, and symptoms have improved.

What do I do if My Resident tests POSITIVE, but Asymptomatic?

- Quarantine for 10 days, ensuring resident is using source control (procedure level mask)
- Staff taking care of Resident and staff in direct care areas of the building need [all recommended COVID-19 PPE](#) (N95, Eye Protection, Gown, Gloves) If caring for non-COVID-19 residents in other areas of the building , staff need to wear at minimum ,procedure masks and eye protection
- If unable to cohort –Best practice is to care for non-positive residents first, then work your way to exposed, positive resident(s)
- Resident can be removed from Quarantine/Observation after 10 days IF no fever, no signs and symptoms * No fever reducing medication has been used to mask symptoms.

What if my Resident has been exposed to a Positive Staff or a Positive Resident?

What is EXPOSURE? Considered to be defined as 15 mins of close contact... ODH is not adapting the Newer CDC guidelines that compounds time

Residents should be in quarantine/Observation until 14 days from **last** exposure date.

Staff should use [all recommended COVID-19 PPE](#) (N95, eye protection, gown)

- Prioritize/immediately for testing if Resident develops symptoms.
- Strategic Testing – cadence testing under State mandated Testing Requirement

When can Staff Return to Work?

- **Positive, Asymptomatic** - Must remain out of building (self-quarantine) 10 days. For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive test.
 - **Will Not retest again until 90 days have passed from Original Positive Test date.**
- **Positive, with symptoms** - At least 10 days have passed *since symptoms first appeared* **and** At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and** Symptoms (e.g., cough, shortness of breath) have improved
- **Will Not retest again until 90 days have passed from Original Positive Test date**

[CDC Guidelines](#)

What if my Staff have been exposed to Positive Residents or other Staff?

It is generally assumed that staff should be wearing source control at all times when caring for residents and when in contact with other staff.....

- Need to use **individual case by case judgement** Based on:
- Time- 15 mins of close contact
- Distance – closer than 6 feet
- PPE - Need procedure level mask at minimum

These Staff may need to be asked to remain at home and self-quarantine based on the circumstances they were in when exposed to the Positive Resident

Guidance:

PPE Strategies/Structuring Quarantine and Isolation Assistance

Below are some resources on PPE that can help you strategize and request PPE.

[PPE when Caring for COVID-19 Resident](#)

[CDC Strategies to Optimize PPE](#)

[How to request PPE through EMA](#)

[Information you need to provide to EMA](#)

[Regional Healthcare Coordinators](#)

[Key Terms and Concepts of PPE](#)

Admissions

- ODH suggested a virtual video walk-through Tour and/or pictures instead of in person Tours, this limits resident exposure.
- Move-ins are **not** banned and would be at the discretion of the community/company following RCF regulations.
- Assisted Living communities should have a procedure/plan in place for new admissions during the COVID-19 pandemic.
- Everyone will still **require** screening and should follow the Executive Order
- Move-ins would require standard RCF health assessments along with COVID-19 screening
- Most Providers are requiring a negative COVID-19 test as well as a quarantine/observation period

Regulatory Temporary Pandemic Related Changes

- OBN authorized the issuance of temporary licenses to RN/LPN who have finished their training from an accredited school but not yet taken & successfully passed the nursing exam (NCLEX). Guidelines and applicant information can be found on the [OBN website](#).
- Background Checks for new hires –
 - ODH [Notice on Background Checks](#). These must be done per RCF rules. Locations are open to run these background checks; however, this might require applicants to travel county wide or to a different county for the checks. There is a listing of open sheriff offices, but suggest you call to confirm and check hours of operation. They state the [Attorney General's website](#) has a list of LiveScan vendors across Ohio too.
 - If needed print or purchase forms and do fingerprinting with cards and inkpads, as done prior to 2000, at your community and sent them in to be processed. ODH confirmed that BCI would still accept and process these cards. There is a small section at BCI that handles this “old” process. This could delay results.
 - BCI Civilian [Background Check Information](#) . (Telephone contact number: 1-877- 224-0043)

Definitions

Incubation:

The **incubation period** is the time from exposure until the first symptoms develop in a disease. The incubation period for COVID-19, which is the time between **exposure** to the virus (becoming infected) and **symptom onset**, can be up to 14 days. During this period, also known as the “pre-symptomatic” period, some infected persons can be contagious. Therefore, transmission from a pre-symptomatic case can occur before symptom onset.

Communicable:

By definition, communicable, is the ability of (a disease) to be transferred from one individual to another. This can be by direct or indirect contact. An individual is thought to be communicable with COVID-19 approximately **2 days prior** to **symptoms onset** (showing signs of symptoms of the virus).

Isolation and Quarantine

While these terms seem to be used interchangeably at times during the COVID-19 Pandemic, they are in fact different and represent different situations as well as procedures.

- **Isolation** separates sick people with a contagious disease from people who are not sick. Isolation would be used for Residents that had tested positive for COVID-19 or were not tested, but showing symptoms, therefore making them Probable cases. When a resident is in an isolation status the highest available PPE equipment should be utilized for staff caring for resident(s).
- **Quarantine** separates and restricts the movement of people who were **exposed** to a contagious disease to see if they become sick. Quarantine would be used for a resident that had been exposed to positive or probable COVID-19. Staff caring for residents in quarantine should still be cautious with all care, using Surgical/medical facemasks, goggles or face shields, gowns and gloves. These individuals should remain in quarantine for 14 days

Cohorting –

Cohort nursing refers to the grouping or placing of residents with the same infection in an isolated area so that there is minimal exposure risk. Cohorting of residents as well as cohorting of staff dedicated to caring for those residents is recommended to maintain strict isolation.

Bundling of Care

This is utilized when a nurse/staff is providing care to high-risk residents such as” exposed” or “probable/positive”. All needed care for that period of time is done at once, by the same nurse or staff. This further serves to limit exposure as well as conserve on critical PPE. In this approach care needs would be provided to **non-exposed** residents first with a procedure mask and routine precautions, then care needs provided to **exposed** residents using a procedure mask, goggles/face shield and isolation gown , and finally **probable/positive** residents care needs would be provided in highest level of PPE that you are able to supply such as a N95 mask, goggles/face shield and isolation gown. Depending on your supply of PPE, isolation gowns could be left in resident’s rooms for reuse with individual resident. ([PPE Contingency Planning](#))

Resource Tools:

COVID-19 Resources ODH

[Key Points for Assisted Living Communities](#)

[Guidance for Discontinuing Transmission based Precautions for Patients](#)

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

[Healthcare Isolation Centers](#)

[Pre Surge Planning Toolkit](#)

[ODH Facility Guidelines for Assisted Living Visitation](#)

[State Orders & Supporting Documents](#)

[6th Amended Order Regarding Limited Access to Ohio Assisted Living](#)

[Dated March 11, 2020, ODH Directors' Orders - Limit access to Ohio LTC](#)

[Dated March 12, 2020, ODH Directors' Orders Limit Mass gathering](#)

[Dated March 13, 2020, ODH Directors' Orders – Amended Access to LTC](#)

[Dated March 17, 2020, ODH Directors' Orders & Rules on Pandemic Childcare Centers](#)

[Ohio Funeral Directors' Association – Guidance for limiting unnecessary exposure](#)

[Director's Order to Facilities Requiring Notification to Residents, Guardians and Sponsors of Positive/Probable COVID-19](#)

[6th Amended Order Regarding Limited Access to Ohio Assisted Living](#)

[Director's Second Order to Extend the Expiration of Certain Orders](#)

[Ohio Public Health Advisory System](#)

[Overview](#)

[Regional Healthcare Zones and Regions Resources](#)

[Regional Hospital Zone Map](#)

[Regional Healthcare Coordinators](#)

[How to request PPE through EMA](#)

[Information you need to provide to EMA](#)

COVID-19 Resources CDC

[Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19.](#)

[Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings](#)

[Discontinuation of Isolation for Persons with COVID-19 Not In Healthcare Settings.](#)

[Interim Guidance for Risk assessment and Public health Management of HCP with Potential exposure in Healthcare settings](#)

[CDC Printable Resource Posters](#)

[CDC Key Points for Assisted Living](#)

CDC COVID-19 Vaccine Education

[Clinical data on the COVID-19 Vaccinations](#)

[COVID-19 Vaccination FAQ's](#)

[CDC Facts about COVID-19 Vaccine](#)

[CDC- COVID-19 Vaccine and TB Tests](#)

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[COVID-19 Vaccine FAQ'S](#)

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