



# COVID-19 POLICIES

## Purpose

Jaybird Senior Living (JSL) is committed to providing a safe and healthy workplace for all our employees. JSL has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19

## Roles and Responsibilities

Jaybird Senior Living’s goal is to prevent the transmission of COVID-19 in the workplace(s). Directors and Coordinators as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

The COVID-19 Safety Coordinator is the Community Director (or Designee), the Director implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator has Jaybird Senior Living’s full support in implementing and monitoring this COVID-19 plan and has authority to ensure compliance with all aspects of this plan. The Safety Program Coordinator for Jaybird Senior Living is the Clinical Risk and Compliance Manager.

Jaybird Senior Living and the COVID-19 Safety Coordinator will work cooperatively with non-managerial employees and their representatives in the development, implementation, and updating of this COVID-19 plan.

## Health Screening/Medical Management Employee and Resident Screening/Testing/Quarantine

In settings where direct patient care is provided, Jaybird Senior Living will limit and monitor points of entry to the community as recommended by The Centers for Disease Control and Prevention (CDC).

Jaybird Senior Living has developed a testing plan in compliance with CDC guidelines. Residents and staff will be tested if symptomatic regardless of their vaccination status. All staff will be tested in accordance with current CDC guidelines. Testing is provided at no cost to the employees.

## Screening

Residents	Staff	Visitors/Vendors
<p><b>Not in "High Transmission Risk Level" and No COVID present in the Community</b> NO ROUTINE SCREENING</p> <p><b>High Transmission Risk Levels and/or Positive COVID staff or Resident:</b> Once daily Screening (EHR)</p> <ul style="list-style-type: none"> <li>• Temperature</li> <li>• Pulse Oximetry</li> <li>• Symptom Questions</li> </ul>	<p><b>ALL Transmission Risk Levels:</b></p> <p>Self Screening with period review by the coordinator team</p> <p>Screening is completed upon entering the Community</p> <p>Designated Entrance to the Community for screening, stocked with surgical masks and hand sanitizer</p> <p>Screening components</p> <ul style="list-style-type: none"> <li>• Temperature</li> <li>• Symptom Questions</li> </ul>	<p><b>ALL Transmission Risk Levels:</b></p> <p>Self Screening is acceptable with period review by the coordinator team</p> <p>Screening is completed upon entering the Community</p> <p>Designated Entrance to the Community for screening, stocked with surgical masks and hand sanitizer</p> <p>Screening components</p> <ul style="list-style-type: none"> <li>• Temperature</li> <li>• Symptom Questions</li> </ul>

## COVID-19 Testing



## ROUTINE TESTING OF RESIDENTS AND STAFF IS NOT REQUIRED

### OUTBREAK TESTING

#### **Completed in response to New Resident/Staff Positive Cases of COVID-19:**

Community Wide testing unless able to isolate to a specific area

If able to isolate to MC or AL-Focused testing may be done for Residents in affected area only

Weekly testing continues until 2 Consecutive weeks of no new positives has occurred.

ALL STAFF will be tested during Outbreak Testing

#### ***Asymptomatic Residents/Staff with a close contact exposure to a COVID-19 positive person should have a series of three viral tests.***

- Testing is recommended immediately (but not earlier than 24 hours after the exposure-DAY 1) and, if negative, again 48 hours after the first negative test (DAY 3) and, if negative, again 48 hours after the second negative test (DAY 5). Typically, this is day 1 (where day of exposure is day 0), day three, and day 5.
- Binax tests can be used for testing of residents/staff.

Residents who have signs or symptoms of COVID-19, regardless of vaccination status, must be tested as soon as possible. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP) in accordance with CDC guidance.

#### ***Instruct Community staff, regardless of their vaccination status, to report any of the following criteria to their supervisor as soon as possible:***

*-Positive viral test for SARS-CoV-2 (continue Confirmatory testing)*

*-Symptoms of COVID-19 (COVID testing to be done)*

*-High risk exposure to someone with SARS-CoV-2 infection (would wear Source control for 10 days if asymptomatic)*

#### ***Testing of Staff/Residents positive for COVID-19 in the previous 30 days in not indicated, unless symptomatic***

Testing of Residents or Staff with symptoms of COVID-19, no matter how mild, regardless of vaccination status will be completed. Testing on Day 1 (not sooner than 24 hours after symptoms, if negative, test again on Day 3, if negative, test again on Day 5, Source Control should be worn for 10 days.

## DEFINITIONS

**Fully Vaccinated:** a person who has received their primary series of COVID-19 vaccines and any recommended boosters that is at least 2 weeks past their last dose and Up to Date with all recommended COVID-19 Vaccines, including any booster doses when eligible.

**Higher Risk Exposure:** Staff members who have had prolonged close contact with a social or household contact who has COVID-19, while not using all appropriate PPE

**Prolonged Close Contact:** being within 6 feet of someone with COVID-19 for a cumulative of 15 or more minutes during a 24 hour period



## Recommendations for Ending Isolation

People who are infected but asymptomatic or people with mild COVID-19 should isolate through at least day 7 (day 0 is the day symptoms appeared or the date the specimen was collected for the positive test for people who are asymptomatic). They should wear a mask through day 10. A test-based strategy may be used to remove a mask sooner.

People with moderate or severe COVID-19 should isolate through at least day 10. Those with severe COVID-19 may remain infectious beyond 10 days and may need to extend isolation for up to 20 days.

People who are moderately or severely immunocompromised should isolate through at least day 20. Use of serial testing and consultation with an infectious disease specialist is recommended in these patients prior to ending isolation.

### Patients in Transmission-Based Precautions due to a close contact or prolonged exposure to someone with SARS-CoV-2 infection:

- Patients can be removed from Transmission-Based Precautions after day 7 following the exposure (count the day of exposure as day 0) if they do not develop symptoms and all viral testing as described for asymptomatic individuals following close contact is negative.
- If viral testing is not performed, patients can be removed from Transmission-Based Precautions after day 10 following the exposure (count the day of exposure as day 0) if they do not develop symptoms.

## New Admission Testing and Quarantine:

Managing admissions and residents who leave the facility:

-Residents should be advised to wear source control for the 10 days following their admission.

-Residents who leave the facility for 24 hours or longer should be managed as a new admission and be advised to wear source control for the 10 days following re-admission.

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## CDC's Indicators of Community Transmission Rates

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	≥100
Percentage of Nucleic Acid Amplification Test results that are positive during the past 7 days	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%



## COUNTY TRANSMISSION RISK LEVEL:

# NOT HIGH

*(LOW, MODERATE, OR SUBSTANTIAL TRANSMISSION RISK LEVELS)*

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### FACE COVERINGS ARE RECOMMENDED IF:

- YOU ARE NOT FULLY VACCINATED OR
- YOU ARE IMMUNE COMPROMISED



**HANDS**

WASH FREQUENTLY



**FACEMASKS**

AS RECOMMENDED



**HOME**

STAY HOME IF SICK

## COUNTY TRANSMISSION RISK LEVEL:

# HIGH

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### SURGICAL MASKS ARE REQUIRED TO ENTER FOR STAFF, VISITORS, AND VENDORS



**HANDS**

WASH FREQUENTLY



**FACEMASKS**

REQUIRED



**HOME**

STAY HOME IF SICK



## Quarantine/Isolation

### **GUIDELINES FOR ENDING ISOLATION: RESIDENTS**

#### **RESIDENT'S IN TRANSMISSION-BASED PRECAUTIONS OR THOSE WHO HAVE HAD A CLOSE CONTACT EXPOSURE:**

Residents can be removed from Transmission-Based Precautions after day 7 following the exposure (count the day of exposure as day 0) if they do not develop symptoms and all viral testing as described for asymptomatic individuals following close contact is negative.

If viral testing is not performed, patients can be removed from Transmission-Based Precautions after day 10 following the exposure (count the day of exposure as day 0) if they do not develop symptoms.

#### **REMOVAL OF TRANSMISSION BASED PRECAUTIONS/ENDING QUARANTINE:**

**ONCE THE APPROPRIATE NUMBER OF DAYS HAS PASSED, THE RESIDENT MUST HAVE:**  
At least 24 hours has passed since the last fever without the use of fever-reducing medications  
and  
Symptoms (e.g., cough, shortness of breath) have improved

### **RETURNING TO WORK GUIDELINES: STAFF MEMBER**

#### **MILD TO MODERATE COVID OR ASYMPTOMATIC WITH A POSITIVE TEST**

People who are infected but asymptomatic or people with mild COVID-19 should isolate through at least day 7 (day 0 is the day symptoms appeared or the date the specimen was collected for the positive test for people who are asymptomatic). They should wear a mask through day 10.

#### **MODERATE OR SEVERE COVID**

People with moderate or severe COVID-19 should isolate through at least day 10. Those with severe COVID-19 may remain infectious beyond 10 days and may need to extend isolation for up to 20 days.

People who are moderately or severely immunocompromised should isolate through at least day 20. Use of serial testing and consultation with an infectious disease specialist is recommended in these patients prior to ending isolation.

#### **TO RETURN TO WORK, THE FOLLOWING MUST BE ACHIEVED:**

- \* At least 24 hours has passed since the last fever without the use of fever-reducing medications  
and
- \* Symptoms (e.g., cough, shortness of breath) have improved



Contingency or Crisis Staffing may be utilized per CDC Guidelines. [https://www.cdc.gov/coronavirus/2019-ncov/images/hcp/328856-A\\_Quarantineisolation-by-contingency-in-HCP-v5.jpg?\\_=86883?noicon](https://www.cdc.gov/coronavirus/2019-ncov/images/hcp/328856-A_Quarantineisolation-by-contingency-in-HCP-v5.jpg?_=86883?noicon)

Please work with your Regional Nurse Specialist and/or Clinical Risk and Compliance Manager to determine which staffing guidelines will be followed.

### Outbreak Guidelines

Jaybird Senior Living refers to the CDC guidance for visitation recommendations during an outbreak situation.

- As much as possible JSL will “Cohort” residents and staff during Community Outbreaks.
- Bundle care activities to minimize the number of HCP entries into a COVID-19 positive resident’s room.

Start and maintain a list of all positive residents and staff utilizing the COVID-19 Quarantine Tracking Tool [Monthly Quarantine Tracking Tool](#) in coordination with local public health departments where applicable.

Refer to The Jaybird Senior Living OSHA Respiratory Program for policy and procedures related to respiratory training, fitting and use of respirators when caring for persons with suspected or confirmed COVID-19.

Coordinate with local public health, EMS, and hospitals to plan for higher care needs (when and where to transfer and how to communicate COVID-19 risk to the transport team and accepting facility).

Plan for communication with staff, residents and families, public health, and the public during an outbreak.

Work with your team through Jaybird Senior Living to prepare for potential media inquiries.

COVID-19 outbreaks are considered resolved once there has been two consecutive weeks of no new positive cases from Outbreak testing.

### Personal Protective Equipment (PPE)

Staff will continue to wear a surgical quality mask when present in the Community when the transmission risk level is in High or there is an outbreak. JSL will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection if needed. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes when in high or outbreak status.

JSL will provide employees with facemasks, which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary.

Staff will be educated on what COVID-19 is, how it is spread, how to properly utilize PPE, and their vaccination options.

Healthcare workers who enter the apartment of a patient with suspected or confirmed COVID-19 infection should adhere to Standard Precautions (i.e., anticipated splashes) and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection

**Source Control** should continue until 2 consecutive weeks of no new positive COVID-19 has occurred and county has not been in high transmission level for two consecutive weeks

**Eye protection:** When in High Transmission Risk Levels or During an Outbreak, goggles should be worn by ALL staff in Resident care areas. If Transmission Risk Level remains at NOT HIGH for at least two weeks-Eye Protection can be discontinued.



**Facemask:** Surgical Masks, MUST be FDA cleared, authorized by an FDA EUA. Facemasks may also be referred to as "medical or procedure masks."

**Respirator (N95 Mask):** Reduce the risk of inhaling hazardous airborne particles. CDC/NIOSH certifies respirators

Vendors who are in more than one community per day should continue to wear Source Control (facemasks).

### Standard and Transmission-Based Precautions

JSL will utilize Standard and Transmission-Based Precautions in accordance with CDC's "Guidelines for Isolation Precautions."

There are three categories of Transmission-Based Precautions: Contact Precautions, Droplet Precautions, and Airborne Precautions. Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone. Enhanced Droplet/Contact Precautions are required for residents diagnosed or suspected of having infectious microorganisms transmitted by both the Droplet and Contact routes (such as COVID-19), as well as by droplet nuclei suspended in the air during aerosol generating medical procedures (AGMP).

### Aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19

When caring for a person with suspected or confirmed with COVID-19, Jaybird Senior Living Communities will:

- Provide personal protective equipment to staff in accordance with the CDC guidelines.
- Limiting the number of employees present during the AGP to only those essential for resident care and procedure support.
- Clean and disinfect the surfaces and equipment in the room or area where the procedure was performed, after the procedure is completed.

**"Aerosol Generating Procedures (AGPs)"** -Procedures that could generate infectious aerosols should be performed cautiously and avoided if appropriate alternatives exist. Examples of AGPs: Nebulizer treatments, CPAP, BiPap.

N95 masks MUST be worn for AGPs Procedures and for COVID-19 specimen collection: HCP must wear an N95 respirator, eye protection, gown, and gloves. The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure

JSL and the COVID-19 Safety Coordinator will work collaboratively with non-managerial employees and their representatives to develop and implement these policies and procedures. A Healthcare Worksite Checklist & Employee Job Hazard Analysis will be used to assess COVID-19 hazards, develop, and implement Standard and Transmission-Based infection control precautions as needed.

### Recommendations for Ending Isolation

People who are infected but asymptomatic or people with mild COVID-19 should isolate through at least day 7 (day 0 is the day symptoms appeared or the date the specimen was collected for the positive test for people who are asymptomatic). They should wear a mask through day 10. A test-based strategy may be used to remove a mask sooner.

People with moderate or severe COVID-19 should isolate through at least day 10. Those with severe COVID-19 may remain infectious beyond 10 days and may need to extend isolation for up to 20 days.



People who are moderately or severely immunocompromised should isolate through at least day 20. Use of serial testing and consultation with an infectious disease specialist is recommended in these patients prior to ending isolation.

Patients in Transmission-Based Precautions based on close contact with someone with SARS-CoV-2 infection

Patients can be removed from Transmission-Based Precautions after day 7 following the exposure (count the day of exposure as day 0) if they do not develop symptoms and all viral testing as described for asymptomatic individuals following close contact is negative.

If viral testing is not performed, patients can be removed from Transmission-Based Precautions after day 10 following the exposure (count the day of exposure as day 0) if they do not develop symptoms.

### **New Admission Testing and Quarantine:**

Managing admissions and residents who leave the facility:

They should also be advised to wear source control for the 10 days following their admission. Residents who leave the facility for 24 hours or longer should generally be managed as an admission.

Summary: When in High Community Transmission Levels: Test upon admit (Day 1), if negative, again 48 hours later (Day 3), if negative, again 48 hours later (Day 5). If in low, moderate, or substantial-no testing upon admission

### **Visitation**

Jaybird works with each State/County Health Departments to ensure all CDC requirements are met.





Visitors who are unwilling or unable to adhere to the core principles of COVID-19 infection prevention and control should not be permitted to visit or should be asked to leave.

### COMMUNAL DINING AND GROUP ACTIVITIES

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission may resume.



The safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while in communal areas of the community. Residents who are not up to date with COVID-19 Vaccinations or are immune compromised, must maintain 6 feet distance from other residents and Health Care Providers (HCP).

## COMMUNAL DINING

### NOT HIGH TRANSMISSION RISK LEVELS/NO OUTBREAK

- Residents are recommended, regardless of vaccination status or community transmission risk levels, to wear source control in public areas of the community when not actively eating or drinking.
- Residents who are not vaccinated, not up to date with COVID-19 vaccinations, or immune compromised should maintain 6 feet distance from other residents, visitors, and HCP.
- Dining in a separate area should occur when visitors, regardless of vaccination status, are joining a resident for a meal.

### HIGH TRANSMISSION RISK LEVELS/DURING AN OUTBREAK

- In addition to the above:
- Visitors must wear masks and physically distance from other residents and staff when in a communal areas in the facility.
- All COVID-19 Positive residents will dine in their apartments whenever possible. Residents should dine in their apartments until they meet the guidelines to discontinue quarantine/isolation and transmission-based precautions.
- Staff to provide education to residents on the core principles of infection prevention: hand hygiene, physical distancing, cough etiquette, etc. and staff should provide frequent reminders to adhere to infection prevention principles.
- A resident who is unable to wear a mask due to a disability or medical condition may attend communal activities, however, they are recommended to wear a mask and physically distance from others during gatherings

## GROUP ACTIVITIES

### NOT HIGH TRANSMISSION RISK LEVELS/NO OUTBREAK

- Per CDC Guidelines: Community should refrain from having large gatherings where physical distancing cannot be maintained.
- Visitors/Vendors attending/performing/conducting activities must utilize Source Control (mask use), screen upon entry, and perform hand hygiene.

### HIGH TRANSMISSION RISK LEVELS/DURING AN OUTBREAK

- COVID-19 Positive residents should not participate in any communal activities during their quarantine/isolation period. 1:1 activities should be implemented as needed.
- Un-vaccinated, not fully vaccinated, or immune compromised residents may attend communal activities if source control (mask use), social distancing, and hand hygiene can be maintained.

***Community staff-served Salad bars may be utilized.***

## Physical Barriers Versus Social Distancing

Jaybird Senior Living will continue to practice social distancing within the community. Where maintaining six feet of physical distance is not feasible, Source control will be utilized.

Where feasible, Jaybird Senior Living, will ensure that:

Physical barriers are solid and made from impermeable materials.

Physical barriers are easily cleanable or disposable.

Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit.



Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard. Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation.

Physical barriers are transparent in cases where employees and others must see each other for safety; and Physical barriers do not interfere with effective communication between individuals.

### **Medical Removal from the Workplace**

JSL with our Human Resources partner OASIS, has implemented a policy for removing employees from the workplace in certain circumstances. JSL will immediately remove an employee from the workplace when:

- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19).
- The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19.
- The employee is experiencing signs/symptoms of COVID-19; a fever of at least 100.4 degrees.

### **Cleaning and Disinfection**

In resident care areas, resident rooms, and for medical devices and equipment:

- JSL will follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "COVID-19 Infection Prevention and Control Recommendations" and CDC's "Guidelines for Environmental Infection Control."
- Use an EPA-registered disinfectant for cleaning and disinfection. Community will utilize sanitation gun and Ecolab products. High touch areas and equipment will be cleaned at least once daily.
- The community will provide alcohol-based hand rub that is at least 60% alcohol and provide readily accessible handwashing facilities.

Seniors First Link (Ecolab): <https://www.jaybirdseniorliving.com/seniors-first-safety-program>

### **Staffing-See Emergency Staffing Strategies**

Refer to the CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigatingstaff-shortages.html>

### **Anti-Retaliation**

*All employees will be educated regarding their rights to protection against discrimination and/or retaliation for them exercising their rights.*

### **Requirements implemented at no cost to employees**

JSL will comply with the provisions of OSHA's COVID-19 at no cost to its employees, except for any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

### **Ventilation-HVAC Minimum Efficiency Reporting Value**

*All communities HVAC systems will be used according to manufacturer's instructions and design specifications and have air filters that are rated Minimum Efficiency Reporting Value (MERV) 13 or the highest MERV that system allows.*



## **Reasonable time and paid leave for vaccination and vaccine side effects-See Addendum from OASIS on Employer Provided Paid Medical Removal Protection Benefits**

*JSL will Provide Reasonable time and paid leave for vaccinations and vaccine side effects.*

### **Vaccination**

Jaybird Senior Living encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. JSL will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.

### **Staff education-See Staff Training Form**

JSL communities will train employees on workplace policies and procedures regarding COVID-19 upon hire and as needed in a language they understand. JSL will ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties. Upon hire staff members will receive training and education related to COVID-19. is available as needed

Training and competency validation on hand hygiene, PPE, and environmental cleaning and disinfection.

### **Resident/Visitor/Vendor Education**

All communities will have COVID-19 education available for residents/POA, visitors, and vendors: COVID-19: what it is, symptoms, how it is spread and how to protect themselves by utilizing PPE, hand hygiene and social distancing.

### **All Community Directors will report to the Respiratory Program Administrator the following items:**

- A COVID-19 fatality within 8 hours of learning about the fatality
- A Work-related COVID-19 in-patient hospitalization within 24 hours of learning about the hospitalization

The above items will be reported to OSHA as required.

### **COVID-19 Log-See attached**

The COVID-19 log must include each confirmed case of COVID-19 even if the employee was asymptomatic (did not feel sick) and even if the case was not caused by an exposure in the workplace. The COVID-19 log must include: the employee's name; one form of contact information; employee's occupation; the location where the employee worked; the date of the employee's last day at the workplace; the date of a positive COVID-19 tests or diagnosis; and the date the employee first had one or more COVID-19 symptoms (if any were experienced).

Start and maintain the OSHA required COVID-19 Log-[COVID-19 LOG-OSHA Requirement](#) for the tracking of employees who develop COVID-19. The COVID-19 log must be maintained as though it is a confidential medical record and must not be disclosed except as required by OSHA's ETS or other federal law. In addition, the COVID-19 log must be maintained and preserved while the ETS is in effect.