

BRIDGEWATER  
RETIREMENT COMMUNITY

*energy* FOR LIFE

**COVID - 19**



## **Infectious Disease Outbreak Plan (COVID-19)**

Bridgewater Retirement Community's approach to addressing COVID-19 outbreak is two-fold. Both the individualized, resident-based response and the overall community-wide action plan are vital to the implementation of an outbreak plan. The goal of such a plan is to minimize the risk of COVID-19 within our community and to mitigate the spread of the virus. This plan includes, appropriately assessing and treating those who are directly affected by the illness, and promptly and accurately notify those in our immediate and surrounding community who could be affected by widespread illness.

### **General Considerations:**

The most vulnerable population for acquiring COVID-19 are the elderly who are immunocompromised with a chronic disease. Careful attention and consideration have been provided to address the needs of our Nursing Households, Assisted Living, Memory Support and Independent Living. A contingency plan is needed to appropriately assess for an acute onset of illness consistent with COVID-19 and to take appropriate actions for residents to be hospitalized or remain on strict isolation within our community. Clinical team members should maintain a high level of awareness for COVID-19 symptoms and report those to Nursing Leadership immediately. Predominant symptoms may include fever, cough, shortness of breath, and acute onset illness.

### **Resident Intervention Plan:**

1. Implement guidelines for screening all current residents and new admissions within our community. Guidelines are provided from the Centers for Disease Control, (CDC) Centers for Medicare and Medicaid Services, (CMS) and the Virginia Department of Health, (VDH).
2. Residents who experience COVID-19 symptoms will immediately be given a surgical mask to wear and placed in a private room with resident's door closed.
3. Implement Strict Isolation for Droplet Precautions.
4. Administer Influenza Test (MD order not required)
5. The Director of Nursing (DON), Infection Preventionist (IP), Nurse Practitioner (NP), and Medical Director (MD) will determine the need for transporting resident for hospitalization.
6. If resident requires hospitalization, transport services will be notified of possible COVID-19 precautions.
7. If hospitalization is not medically necessary, and care needs are appropriate through BRC the following measures will be implemented:
  - a) Resident will be placed in a private room (strict isolation, droplet precautions, with eye protection). Resident's door is to remain closed.
  - b) Resident's will be assigned to designated areas (whenever feasible) to cohort those affected or suspected COVID-19.

- c) Dedicated team members will be assigned to care for this population until symptoms and illnesses subside.
  - d) Equipment will be dedicated to each resident on isolation (BP cuff, stethoscope, pulse oximeter, thermometer).
  - e) If reusable equipment is used, it will be cleaned and disinfected according to manufacturers guidelines.
  - f) Once residents are free from illness, resident rooms will be vacated for a minimum of 24 hours before cleaning and disinfecting occurs.
  - g) Team members will be provided a N95 Respirator Mask (as available) to care for affected residents.
  - h) Dedicated team members will not be allowed to care for other residents during this time.
8. Educate all Nursing team members in Households, Assisted Living, and Memory Support concerning predominant symptoms for COVID-19.
  9. Obtain orders for symptomatic treatment, as needed to provide comfort and relief of symptoms.
  10. Notify POA or Responsible Party of condition and current plan of care.
  11. Infection Preventionist to maintain a tracking log of all residents including their symptoms and exposure risk to COVID-19.
  12. New admissions to the affected areas will be suspended until the outbreak is over.
  13. BRC will report all suspected and confirmed cases of COVID-19 to our local health department.

#### **Community Intervention Plan:**

1. A copy of the COVID-19 preparedness plan is available for all team members to view as a reference or resource.
2. A plan is in place for protecting residents, healthcare personnel, and visitors from respiratory infections, including COVID-19.
3. BRC has infection control policies that outline the recommended Transmission-Based Precautions that should be used when caring for residents with respiratory infection. (In general, for undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions with eye protection)
4. BRC Leadership will stay informed of COVID-19 and potential risks in our geographic community by closely monitoring guidelines from the CDC, CMS, and VDH.
5. BRC's Emergency Response Plan will include extensive training community-wide for a COVID-19 outbreak. Training will be provided through presentations and exercises as part of emergency preparedness training.
  - a) Educate team members, residents, and families on early recognition of COVID-19 symptoms.
  - b) Educate team members, residents, and families on infection prevention and control practices for COVID-19.
  - c) Educate team members on appropriate transmission precautions and proper use of Personal Protective Equipment (PPE) including donning on and off.
  - d) Environmental services, homemakers, and dietary teams will be trained on proper procedures for sanitizing during an outbreak in addition to cleaning and use of US Environmental Protection Agency (EPA) registered disinfectant with a label claim for non-developed virus.
  - e) Designate rooms for (isolation and cohorting) whenever feasible.

- f) Designate areas for sanitation supplies, and contaminated waste.
  - g) Consistent monitoring of PPE supplies and resources.
  - h) Signage will be posted throughout our BRC community to increase awareness and mitigate further spread of COVID-19.
  - i) Visitation may be restricted per CDC, CMS, and/or state/local health department guidelines.
  - j) BRC will make available use of alternative means to facilitate communication for residents and families.
  - k) Security will monitor and maintain one designated entry within the BRC community.
  - l) All team members will be screened prior to start of work per guidelines from the CDC, CMS, and VDH.
  - m) Daily meetings for review of COVID-19 practices within BRC will be held by Senior Leaders.
  - n) All group activities, communal services and communal dining will be discontinued.
  - o) Lab and ancillary services may be discontinued during COVID-19 outbreak.
6. BRC's Medical Director will provide leadership, guidance and direction per American Medical Directors Association (AMDA) guidelines.

#### **Postmortem Care:**

Funeral personnel will be notified of COVID-19.

- a) Prior to contact with the body, personnel must wear PPE, worn during the process of placing in body bag and should be removed immediately and discarded.
- b) The body should be wrapped in a plastic shroud in a way to prevent contamination of the outside of the shroud.
- c) Leave any intravenous lines or tubes in place.
- d) Do not wash or clean the body.
- e) After wrapping, the body should be immediately placed in another leak proof plastic bag for transport to the morgue.
- f) Following removal of the body, the room should be terminally cleaned and disinfected according to standard procedures.

#### **Pandemic COVID-19**

If COVID-19 Pandemic is declared by the World Health Organization (WHO) or other governing entity, Bridgewater Retirement Community will utilize this information as part of our Emergency Reponse Plan. This plan can be accessed from Nursing Administration team as this is a living document that would be updated based on current recommendations and practices for pandemic guidelines involving COVID-19.

Bridgewater Retirement Community's Pandemic Preparedness, Recovery and Response Plan will consist of components that are consistent with Health & Human Services Pandemic Influenza Plan and planning will be built on the BRC Disaster Plan that has been established.



**TOPIC: Coronavirus (COVID-19)**

**DEPARTMENT[s]: Administration, Nursing, Assisted Living, Independent Living**

**APPLIES TO:** [check all that apply]:

- |                                                         |                                                     |                                                        |
|---------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> Health Care Center  | <input checked="" type="checkbox"/> Assisted Living | <input checked="" type="checkbox"/> Independent Living |
| <input checked="" type="checkbox"/> Memory/Support Unit | <input checked="" type="checkbox"/> Clinic          |                                                        |

Approved by: B. Frye, RN DON      Original Date: March 2020

Revision Dates: \_\_\_\_\_

**Regulatory References:**

42 CFR 483.10 & F-tag 563

**Professional References:**

CMS (Centers for Medicare & Medicaid Services) Specifically a community may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to a resident."

CDC (Centers for Disease Control), WHO (World Health Organization)

**INTRODUCTION:** Coronavirus (COVID-19) is a respiratory virus first identified in Wuhan, China. It causes acute respiratory symptoms, including fever, cough, and shortness of breath. Coronavirus spread is thought to occur mostly from person to person via respiratory droplets among close contacts. Close contact may include being within approximately 6 feet (2 meters) of a person with COVID-19 for a prolonged period. The most vulnerable population for acquiring COVID-19 include the immunocompromised and our senior population.

This policy serves the purpose for informing residents, visitors, and team members of the steps we are taking to monitor this situation, precautions we are taking to minimize the risk of introducing Coronavirus into the community and planning for any possible exposure in the surrounding area and within this community. We remain vigilant in our efforts to eliminate the risk exposure and spread of COVID-19 within our community.

### **TEAM MEMBERS:**

BRC will follow all guidelines for screening new and existing team members as outlined from the CDC, CMS, and state/local Health Departments.

- a) New team members are screened for exposure risk to COVID-19 based on recent travel to affected areas by the team member or by anyone they live with and based on their exposure to anyone who may be sick with the virus. An initial screening will be conducted by a Designated Screener (DS) who has been approved for completing the initial screening form. If yes is recorded for any of the screening questions a more thorough assessment will be conducted by the Infection Preventionist or Clinical Team before the new team member can report for work.
- b) All team members need to report any travel to an affected area by the team member or similar travel by anyone they live with to their immediate team leader. If the team leader is a DS, the team leader will conduct the screening. If yes is recorded for any of the screening questions a more thorough assessment will be conducted by the Infection Preventionist or Clinical Team before the team member can report for work.
- c) All team members need to report any exposure to anyone suspected Person Under Investigation (PUI) or confirmed of having COVID-19 to their designated team leader. The team leader will notify the Infection Preventionist or Clinical Team for further assessment.
- d) All team members need to report any symptoms of COVID-19 (fever, cough, shortness of breath) to their team leader. The team leader will notify the Infection Preventionist or Clinical Team for further assessment. The team member will require clearance **prior to coming to work.**
- e) The Infection Preventionist and Clinical Team will use clinical and epidemiologic criteria to identify team members most likely to be infected. COVID-19 is a reportable condition in Virginia. Healthcare providers are **legally required** to report all suspected cases (i.e. PUI) and confirmed cases to the local health department **immediately**.

### **New Residents & Re-Admissions** (Nursing, Assisted Living, Memory Support, IL)

BRC will follow all guidelines for screening new and existing residents as outlined from the CDC, CMS, and state/local Health Departments.

- a) All new Residents and Re-Admissions are screened for exposure risk to COVID-19 based on any recent travel to affected areas by the resident or anyone they live with and based on their exposure to anyone who may be sick with the virus. An initial screening will be conducted by the designated Admissions Coordinator. If yes is recorded for any of the screening questions a more thorough assessment will be conducted by the Infection Preventionist or Clinical Team before the resident may be admitted.
- b) For newly admitted and re-admitted residents from the hospital, all records will be thoroughly reviewed to ensure that the resident is not a Patient Under Investigation (PUI) or has an active case of COVID-

**Residents Suspicious of Coronavirus:**

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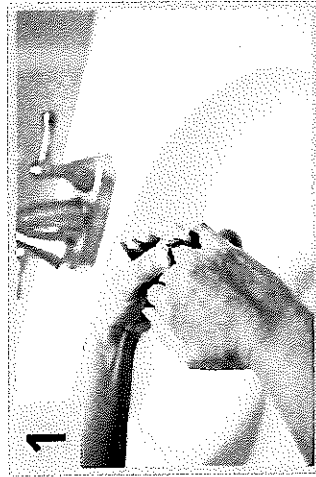
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**Visitors:**

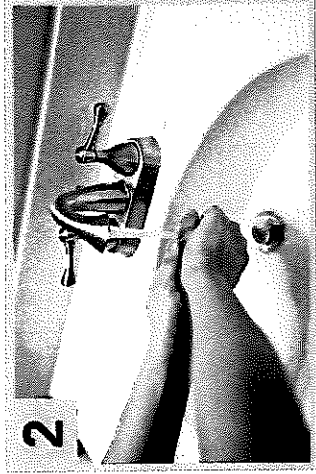
Signs are posted at entrances instructing visitors not to visit if they have symptoms of respiratory infection, cough, cold, runny nose, sore throat, muscle aches, or fever.

- a) We reserve the right to deny any visitor entry if they appear to be visibly ill.
- b) Visitors are provided access to Respiratory Stations which include hand sanitizer, gloves, and masks at the entry to each building and are encouraged to use stations before and after visiting.
- c) We request that visitors who have traveled to affected areas or live with someone who has traveled to affected areas consider the 14-day incubation period, with self-monitoring prior to visiting our campus.
- d) During periods of illness (respiratory, influenza, norovirus, etc.) within BRC or our greater community, BRC reserves the right to restrict, ban, or limit visitation based on guidance by our Medical Director, CDC, CMS, and state/local Health Department.

# Wash Your Hands. Lávese Las Manos.



Remove any jewelry.  
Quítese todas las alhajas.



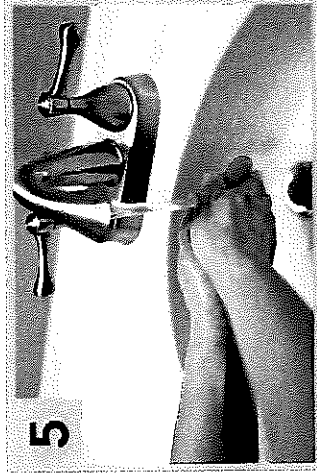
Wet hands and wrists.  
Mójese las manos y las muñecas.



Dispense soap.  
Póngase jabón.



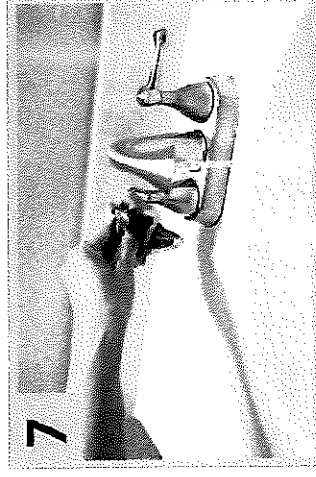
Wash hands for 20 seconds.  
Lávese las manos durante 20 segundos.



Rinse hands thoroughly.  
Enjuague totalmente las manos.



Dry hands completely.  
Séquese las manos completamente.



Turn faucet off with towel.  
Cierre el grifo con la toalla de papel.



Open door with towel.  
Abra la puerta con la toalla de papel.

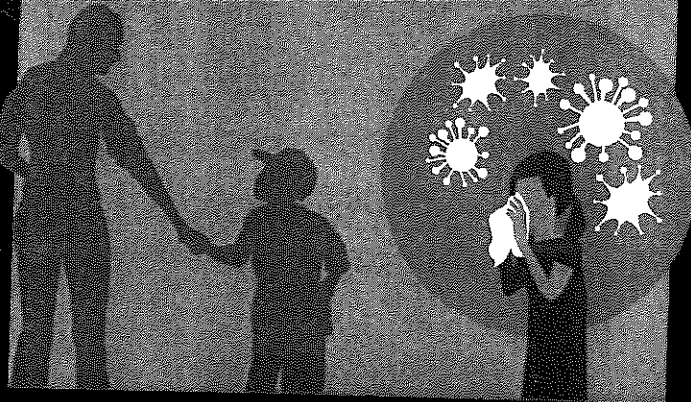


Throw towel in garbage.  
Tire la toalla de papel en la basura.

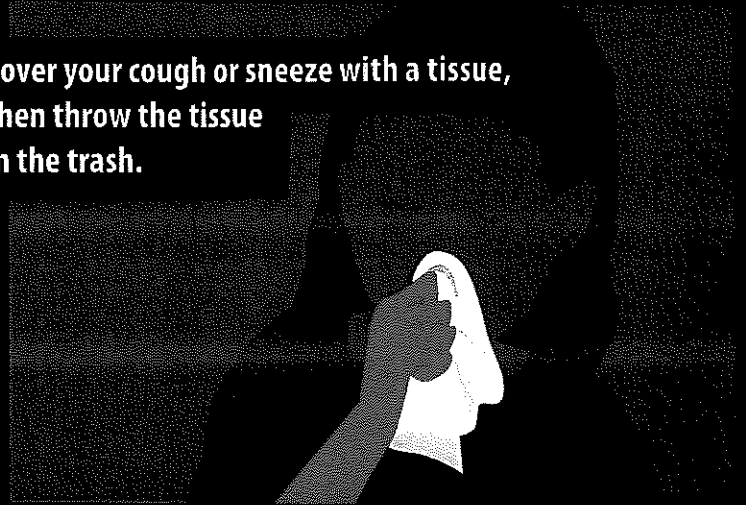
# STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

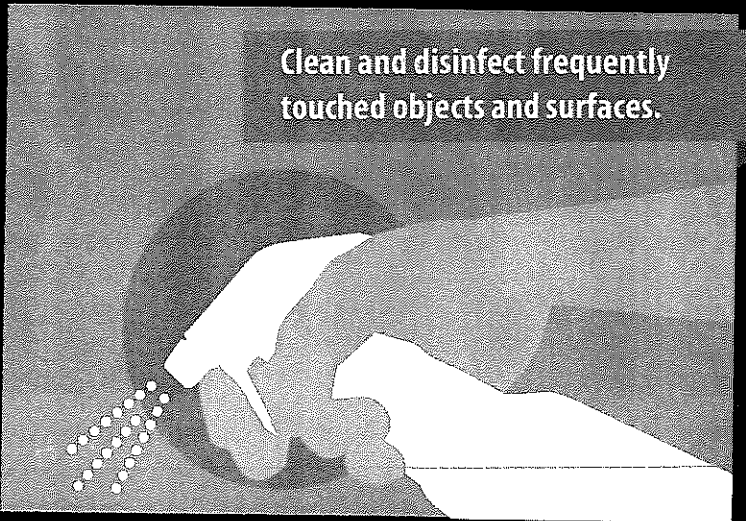
Avoid close contact with people who are sick.



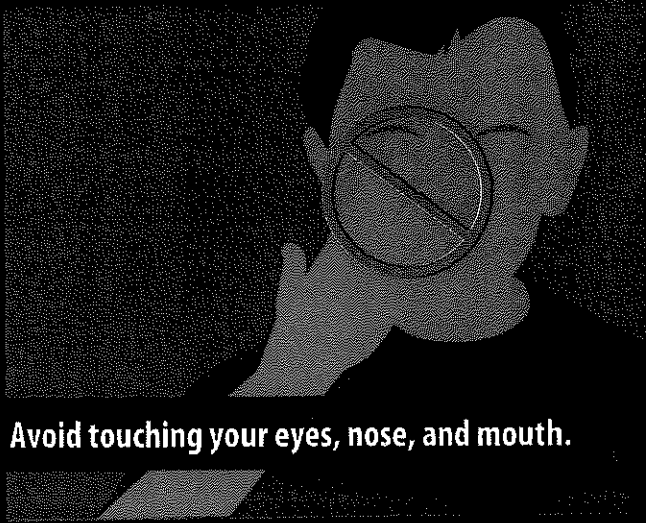
Cover your cough or sneeze with a tissue,  
then throw the tissue  
in the trash.



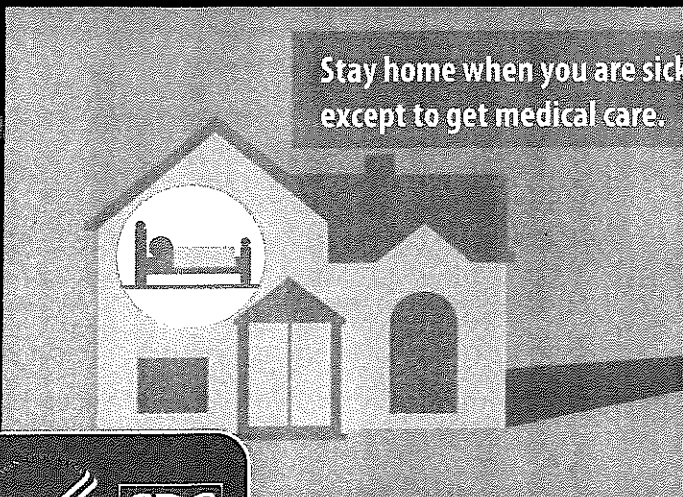
Clean and disinfect frequently  
touched objects and surfaces.



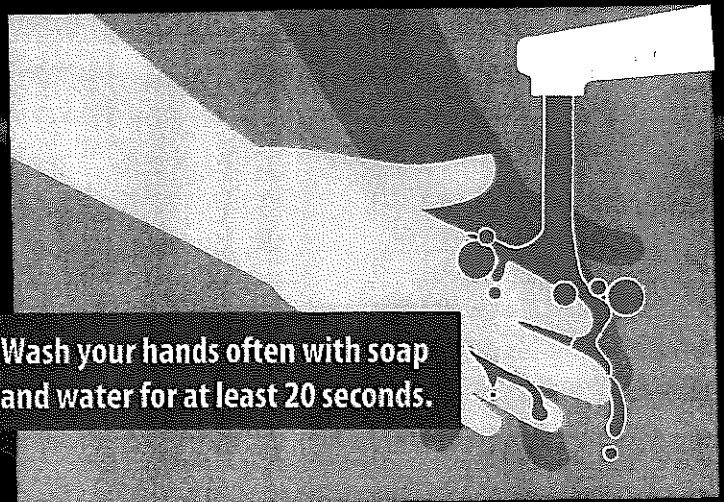
Avoid touching your eyes, nose, and mouth.



Stay home when you are sick,  
except to get medical care.



Wash your hands often with soap  
and water for at least 20 seconds.



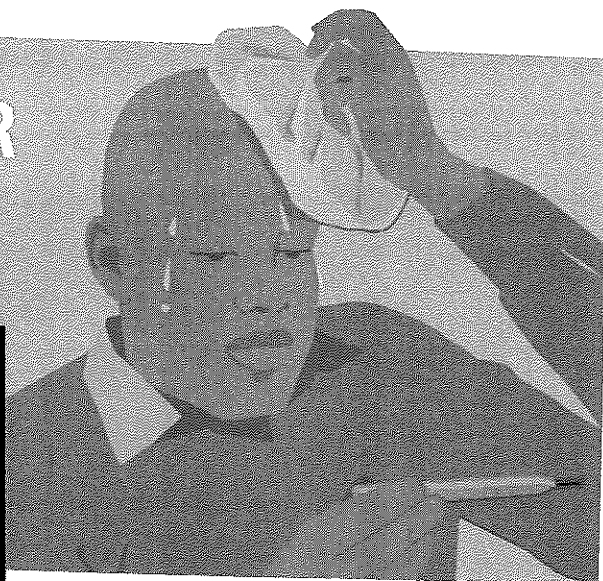


# SYMPTOMS OF CORONAVIRUS DISEASE 2019

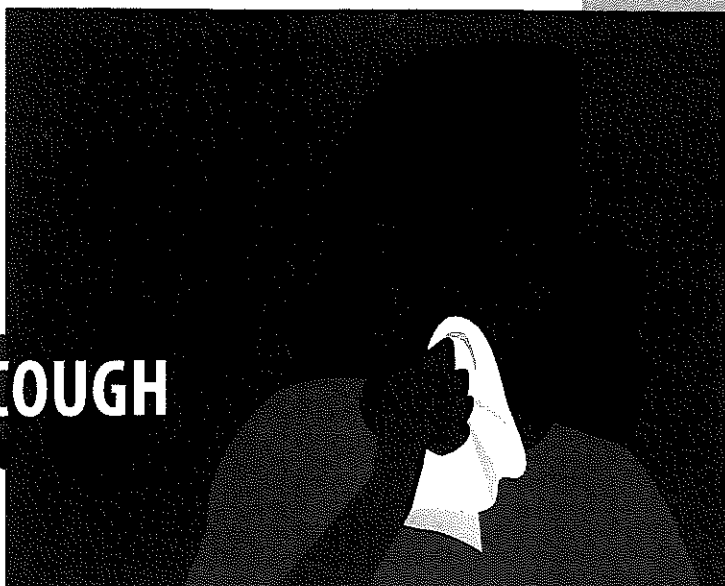
**Patients with COVID-19 have experienced mild to severe respiratory illness.**

**Symptoms\* can include**

**FEVER**



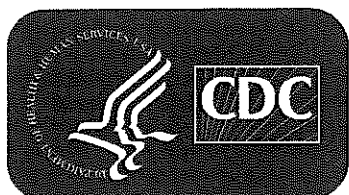
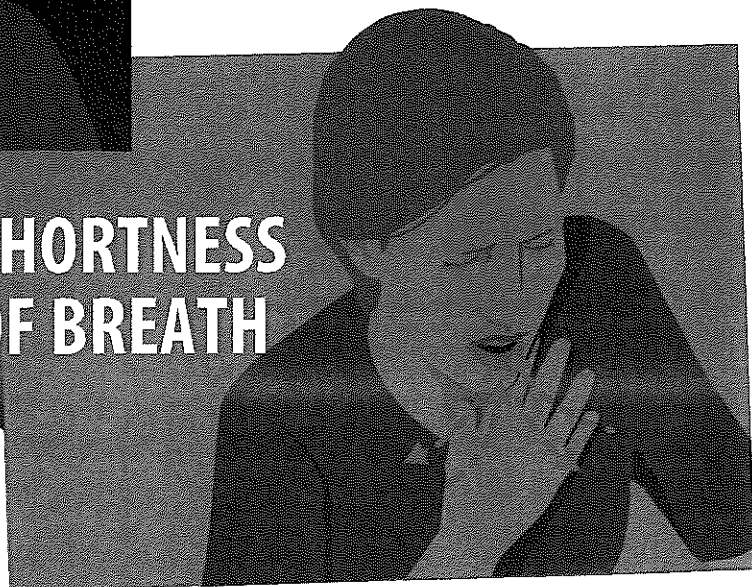
**COUGH**



**\*Symptoms may appear 2-14 days after exposure.**

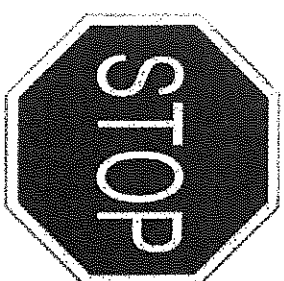
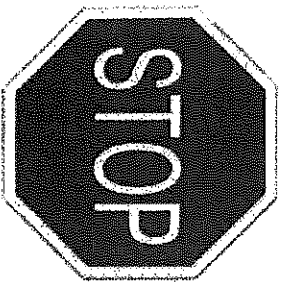
**Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.**

**SHORTNESS OF BREATH**



For more information: [www.cdc.gov/COVID19-symptoms](https://www.cdc.gov/COVID19-symptoms)





# DROPLET PRECAUTIONS



Clean hands upon entering and exiting the room



Wear a mask while in the room and remove upon exiting the room



Wear a gown and eye protection if substantial spraying of respiratory secretions is anticipated

**Any resident with new Respiratory Symptoms and/or Fever should be put on Droplet Precautions immediately.**

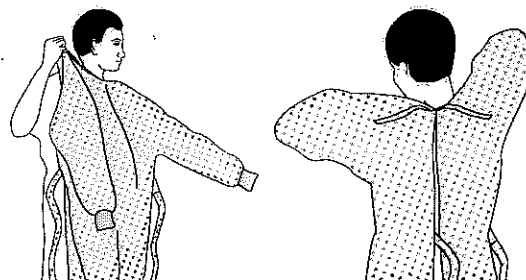
**Any Team Member with new Respiratory Symptoms and/or Fever should put on a mask and be sent home.**

# SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

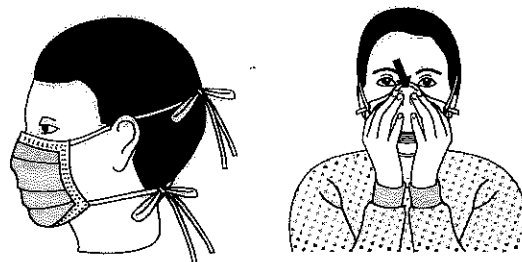
## 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



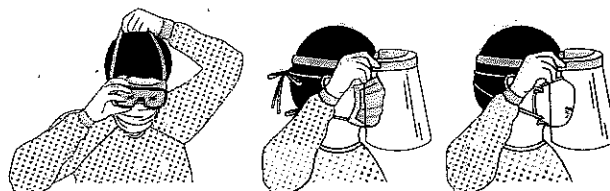
## 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



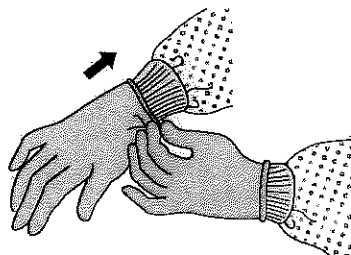
## 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



## 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

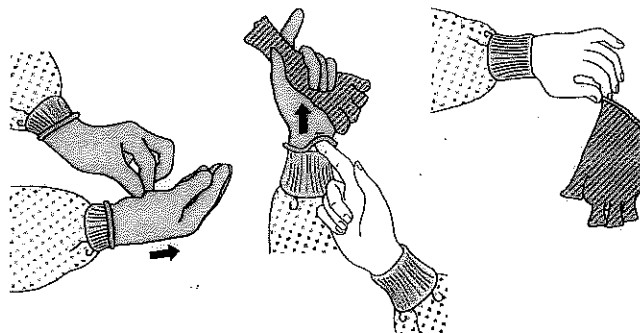


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



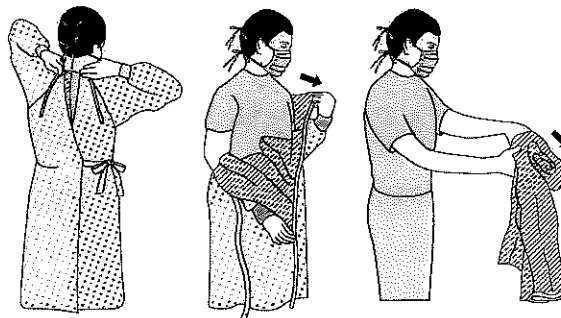
## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



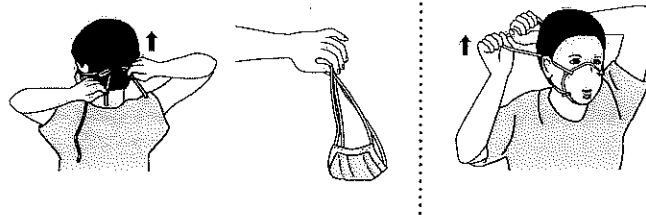
## 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

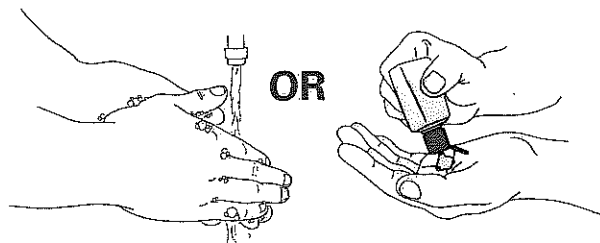


## 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**

