

Addendum to Emergency Disaster Plan COVID-19

Our facility takes the safety of our clients, staff and visitors very seriously and the safety of our residents is at the top of our operations list. This guide, in response to the California Department of Social Services' directives and at the mandate of California Governor Newsom, amends the facility's emergency disaster plan in response to the pandemic outbreak of COVID-19.

Our elderly are more vulnerable to contagious diseases that can be transmitted by contact or are known to be airborne. These diseases can be transmitted to our residents and staff by visitors. Our mission is to protect our residents, our staff, and others that may be involved in our facility operations. Thus, our facility leadership and staff covenant as follows:

Basic Provisions

Facility has enacted "physical (social) distancing" as follows:

1. Residents will be kept at a safe and practical distance from one another.
2. Residents will be isolated, as best facility can, from other residents if showing any signs and symptoms of fever, cough, shortness of breath, chest pain or pressure, bluish lips or face.
3. Isolation will be provided in an available room which may involve moving clients to different rooms, sanitizing the areas and resident belongings. A bathroom, if available, will be set aside as an isolation bathroom. If available, a gown should be worn.
4. All residents, staff and allowed visitors will practice universal precautions and cleaning to include
 - a. 20-second handwashing with warm water and soap upon arriving and leaving facility premises.
 - b. Wearing gloves, and donning masks, if available.
 - c. Using hand sanitizer, as available; using sanitizing wipes; using isopropyl alcohol and/or hydrogen peroxide for surface and hand cleansing; using chlorine bleach and/or detergents for clothing and contaminated surfaces.
5. Isolate items thought to be contaminated for at least 48 hours, sanitizing as appropriate, away from resident traffic.
6. Limit entrance into the facility to those willing and able to practice facility-implemented universal precautions to:
 - a. On-duty facility staff
 - b. Outside medical professionals for client treatments
 - c. Persons supplying necessary repairs, facility maintenance, necessary facility upkeep
 - d. Emergency responders
 - e. Community Care Licensing if deemed necessary and appropriate
 - f. Clergy if requested by residents, but on a case-by-case basis; and
 - g. Family members of any resident who may be actively passing as long as family does not have contact with other residents
6. The following individuals will not be allowed into the facility:
 - a. Family of clients, unless client is actively passing
 - b. Friends of clients
 - c. Family of staff; and
 - d. Others as determined by facility management
7. The facility may opt to use an alternative entrance to the facility, other than the front door, to reduce any likelihood of exposing others to a facility visitor. Staff may use other doors as needed to perform daily tasks.
8. All individuals allowed into the facility will be "tested" using a temperature measuring device. If temperature is above 99 degrees, that individual will not be allowed to enter. Facility may, at its discretion, test the individual again in 5 minutes. If temperature still exceeds 99, entrance will be refused.

9. Individuals exhibiting a cough, shortness of breath, chest pain or pressure, and/or difficulty breathing will be absolutely prohibited from entering.
10. All visitors must complete an entry survey as contained in this addendum. Any answers deemed to be a positive or affirmative answer to symptoms or conditions likely to affect overall health, welfare and safety will enable facility to disallow the visitor.
11. All allowed visitors will be required to wash their hands as observed by facility staff, and wear gloves. Masks are optional but may be worn.
12. All allowed visitors will be personally escorted to a resident room by staff and will be escorted to an exit by staff when visitor leaves the facility. Visitors will wash hands upon entry and exit. Gloves will be disposed of outside the facility in covered containers.
13. Visits may be limited to 30 minutes or less as staff and management see fit.

Facility Staff, Residents and Others

Staff will be trained and observed for

1. Effective handwashing using CDC and other guidelines when
 - a. Arriving at the facility
 - b. Exiting the facility
 - c. Done handling any materials that may/could be contaminated such as diapers, used personal items (Kleenex, etc)
 - d. CDC or other health agencies posters will be displayed regarding handwashing and recommended techniques
 - e. Staff will be trained on handwashing techniques
2. Any staff exhibiting possible symptoms of infection will be asked not to report to work.
3. If staff sneeze or cough, they will attempt to do so into a disposable tissue or paper towel (as posted signs in the facility so advocate.)
4. Any staff known to have associated with or been exposed to someone even suspected of having contact with or having COVID-19, will not be allowed to report to work. Any known absence from work must be reported to facility management.
5. If staff begin to exhibit any symptoms of the virus while at work, staff must remove self to a place away from residents, inform management, contact a healthcare provider as to the next course of action. This may include a 14-day, self-imposed isolation at home and away from the facility, getting tested for the virus, or other directions as given by a healthcare professional. Facility maintains the discretion to ban workers from the facility for the protection of the residents and others.
6. Staff will do frequent checks for soap, paper towels, tissues, hand sanitizer (if safe for residents with dementia to have access to sanitizer).
7. All trash will be disposed in covered containers lined with a disposable bag for safe transport to outside covered trash cans.
8. Staff will be monitored for temperatures upon arrival into the facility.
9. Staff may use any federally mandated sick time if symptoms of COVID-19 are diagnosed.
10. Residents will be, according to their cognitive abilities, taught handwashing techniques, and basic coughing and sneezing techniques.
11. No handshaking, hugging or other contact between residents and visitors or even staff will be allowed.
12. Any electronic media will be employed to ensure residents have contact with their families and friends rather than in-facility visits.

Residents Exhibiting Possible Symptoms

If a resident begins to show symptoms possibly related to COVID-19, staff must report this immediately to management. Management will immediately contact the resident's physician to discuss next and best course of action. Staff will then take even more precautions for self-protection including donning any available containment gear—masks, gloves, and gowns, if available—and isolate the resident in a designated room or space. This may result in changing rooms with other residents. Facility will attempt not to violate any resident rights in changing rooms. It is known that common areas, under Title 22 regulations, cannot be used as a

resident room, but if isolation is necessary and the area is an optional use area for resident activities and can be used as a possible isolation area, then facility retains this option under DSS' emergency provisions.

The room or space that was occupied by the possibly infected resident will be sanitized by staff before any other client occupies that space. If the suspected infected resident shares a room, the roommate will be monitored for possible signs and symptoms. Property and other items belonging to the possibly infected resident will be sanitized including washing clothes in hot water, wiping down surfaces, etc.

The local health department will be contacted about the suspected resident's symptoms, a report will be sent to DSS, and the resident's physician contacted for instructions about managing symptoms and possible testing. Facility will attempt to obtain all protected equipment to prevent possible spread of virus such as gloves, masks and other items deemed necessary. It is known that some supplies are not available or are best utilized by healthcare providers in hospitals or in a first responder scenario.

Cleaning/Sanitizing Techniques for Staff

Maintaining a clean and safe facility is part of all staff training. However, in light of the current pandemic emergency and for facility to perform its due diligence, the following items will be in addition to basic cleaning techniques:

1. Staff will clean all facility surfaces at least three times per day to include
 - a. Tables
 - b. Chairs
 - c. Toilets
 - d. Sinks
 - e. Walls if in resident areas
 - f. Doorknobs
 - g. Bedrails
 - h. Handrails
 - i. Remote controls
 - j. Faucets
 - k. Desktops
 - l. Wheelchairs
 - m. Hand grips
 - n. Cell phones
 - o. Light switches
 - p. Dressers
 - q. Beside tables
 - r. Kitchen counters
 - s. Others surfaces as deemed necessary
2. Facility will use soap and water, remove excess water and allow to dry.
3. Then, staff will use a CDC recommended and facility-approved disinfectant such as PineSol, Clorox wipes, Lysol, or equivalent methods
4. Staff will alert management when cleaning supplies become in short supply

Food Supplies, Preparation and Protections

Incoming food and supplies will be isolated for at least 72 hours if nonperishable such as canned foods, packages, cans, etc. in an area inaccessible to residents. Packaging will be sanitized as necessary. CDC recommends a 24-hour quarantine of goods in cardboard.

Any perishable foods requiring refrigeration or that should be frozen will have its outside packaging wiped with a sanitizing agent before refrigeration or freezing. (Some viruses are known to survive cold surfaces.)

Cardboard packaging can be difficult to disinfect, so if practical, packages will be wiped down with a sanitizing agent or sprayed with a sanitizing agent. These packages will be kept away from other supplies for at least 24 hours. Any packaging that can be removed, will be removed and the contents protected against contamination. If perishable food is in a plastic bag, the food contained in the bag will be thoroughly washed with soap and hot water, and packaging disposed outside in covered containers.

Spacing

All clients will be spaced at a distance of at least six (6) feet or more from other residents if facility can so accommodate. This may result in resident meals and snacks served to residents in their rooms, or at different tables within the facility and at alternative times.

Care providers cannot distance themselves from residents. Universal precautions will be employed, as always, but may include masks or other protective devices as available. The same applies to medical professionals who are providing needed medical care to clients. Facility will defer precautions to the medical professional as professional deems necessary. However, hand washing will be required upon entering the facility, and the wearing of gloves will be mandated by facility. Face masks can/will be worn by all professionals. Again, facility will defer care techniques to the discretion of the healthcare professional who may opt not to wear a mask.

Medical professionals are not allowed to visit or interface with residents not under the care of that professional. If a medical professional exhibits signs of possible infection, he or she will not be allowed to enter, and such professional must make immediate alternative means.

Social activities may be waived if safe spacing is not possible. If activities are held, it may be limited to partial attendance by residents, and perhaps held several times in a day to include all facility residents.

In shared rooms, the beds will be spaced as far apart as possible attempting to attain at least six (6) feet in distance apart. If not possible, the beds may be placed foot-to-foot, so the heads of residents are as far apart as the length of each bed so allows.

Disposal of Medical Supplies

Any medical or other materials that may be contaminated by human discharge will be double bagged and disposed of immediately in covered waste containers outside the facility. This can include gloves used by staff, residents and visitors; toilet paper; used Kleenex; diapers or other materials contaminated by feces or urine; emesis containers if not subject to sanitation procedures; and other possible contaminated, disposable materials.

Nonessential Outside Appointments

Appointments with physicians, dentists and others will be discussed with client and client representatives and cancelled as appropriate. This is to reduce unnecessary contact with the public and maintain “physical (social) distancing.”

Postings

Facility has posted specific signs at each entrance about visitation limits, prevention measures for staff, handwashing in bathrooms and kitchen. Post signs about a door being closed and use alternative door.

Waivers

As facility reads the numerous PINs presented by Pamela Dickfoss, DSS has waived many of the regulations regarding building and grounds, personal rights, i.e. visiting hours, staffing, etc. without facility having to apply to local offices for the waivers. Facility is attempting to stay informed when each new PIN is issued. However, resident care is its first priority in this time of emergency and emergency preparedness.

Staffing

Title 22 for RCFEs has no established staffing ratios. However, facility will ensure residents' needs are met at all times as required in 87411(a). Under DSS-issued PIN 20-08-ASC, DSS was "waived" numerous requirements in Title 22 including immediate background checks, requests for transfers of fingerprints and staff training. If facility does hire new staff, it will adhere to the PIN and attempt to get health screenings, training and fingerprint provisions within the allotted "DSS-waived" timelines. Facility is acutely aware many "non-essential" businesses have been shut down because of the governor's order. These non-essential businesses do include numerous Live Scan stations. Facility will seek to employ any needed staff with previous work experience in RCFEs, with a health screening (within a year), get the transfer of fingerprints from licensed facility to associate with this facility, and will ensure any new staff complete the LIC508 prior to working in the facility. If new staff is retained, training in universal precautions and first aid will be completed immediately before staff works with residents.

Families First Coronavirus Response Act

Guidance from the Department of Labor categorizes senior living providers as "health care providers" under the act. The move means that RCFE operators are excluded from requirements that certain companies with fewer than 500 workers provide up to 12 days of paid leave for employees who need to care for children due to school closures.

The Act states a "health care provider is anyone employed at any doctor's office, hospital, health care center, clinic, post-secondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, employer, or entity."

Visitor Screening

Name of visitor _____ Title/License _____

Visiting which resident? _____ Date of Visit _____

1. Do you have or have you had any of the following symptoms in the past 14 days?
- ☐ Fever greater than 100 degrees / current temperature is _____ (staff verified)
 - ☐ Difficulty breathing
 - ☐ Cough
 - ☐ Sore Throat
 - ☐ Chest pain or pressure

If you checked any of the above, please do not enter and understand this is necessary to prevent any possible exposure to our staff and residents.

2. Do you travel to or work at multiple facilities? ☐ Yes ☐ No If no, proceed to number 6. If yes, please list those facilities:

_____	_____
_____	_____
_____	_____

3. Has any facility you've visited or worked at have a person with COVID-19? ☐ Yes ☐ No
4. Do/did you change clothing between locations, or did you wear a disposal gown? ☐ Yes ☐ No
5. Do/did you wear any personal protective equipment at the facilities or locations you visited?
☐ Yes ☐ No If so, identify the PPE worn _____
6. Have you been tested for COVID-19? ☐ Yes ☐ No If yes, were the results positive? ☐ Yes ☐ No
7. Have you traveled to another state or country in the past 14 days? ☐ Yes ☐ No
8. To your knowledge, have you had contact with anyone confirmed to have COVID-19 in the past 14 days? ☐ Yes ☐ No

The facility will test anyone entering for signs and symptoms of respiratory infection. This will include obtaining a temperature. If after visiting this facility, should you develop any signs or symptoms that could be or are related to COVID-19, please notify the facility immediately telling management the date and time you were present and which resident(s) you visited.

Do you agree with notification mandate? ☐ Yes ☐ No

Sign _____ Date _____ Phone # _____

Print your name _____

Company name, if applicable _____

Please do not continue into the facility until this form has been reviewed by management and/or staff.

Staff screener's initials _____

ARE YOU FEELING ILL?



If you have a fever, find it hard to breathe, or are feeling generally sick - PLEASE STAY HOME until you are feeling better.



If you feel these symptoms during your shift:

- **Please put on a face mask**
- **Let your supervisor know**
- **Go home**

LET'S KEEP OUR FACILITY CLEAN!



Check the supply of soap, paper towels, and garbage by the sinks everyday



Check the supply of tissues and hand sanitizer for all resident rooms and common areas everyday



Disinfect everything that is often touched using a disinfectant at least once every shift

- **Frequently touched areas include: doorknobs, hand & bed railings, remote controls, faucets, toilets, playing cards, etc.**
- **Approved disinfectants include: chlorox wipes, lysol bleach multi-purpose cleaners, purell multi-surface disinfectants, etc.**

NO VISITORS ALLOWED



We are not allowing in-person visits to protect our residents. Unless you have been pre-approved, please communicate with loved ones through phone / video

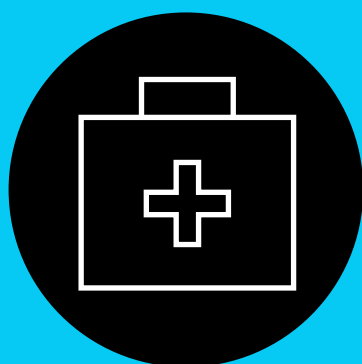


Thank you for your cooperation! If you have any questions, please call the supervisor at

SPECIAL VISITORS



BEFORE ENTERING...



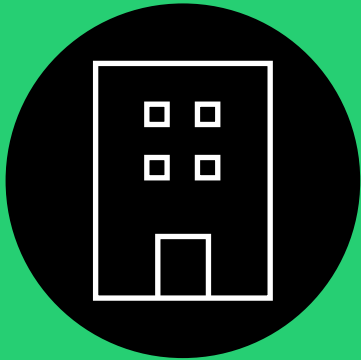
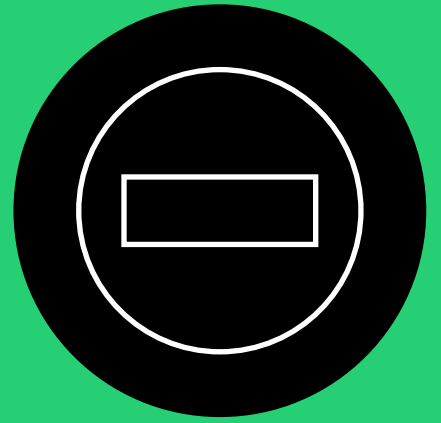
- Do you have cough or flu symptoms?
- Have you been near someone who was sick with COVID-19 in the last 14 days?
- Have you been near someone who had flu-like symptoms in the last 14 days?
- Have you traveled in the last 14 days?
- Have you been in close contact with someone who has traveled in the last 14 days?



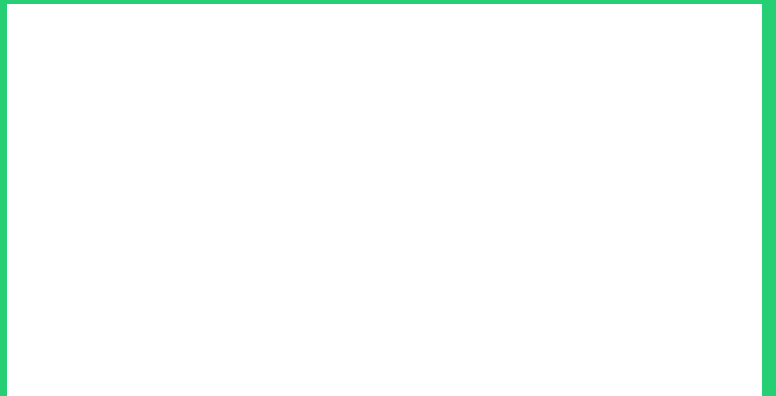
If you've answered YES to any of these questions, we are not able to let you enter.

Please reschedule your visit for 14 days from today.

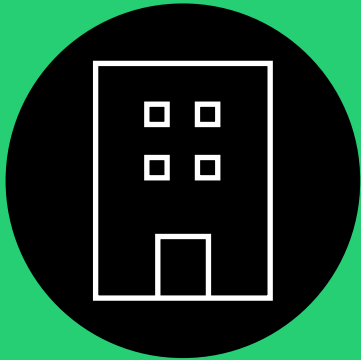
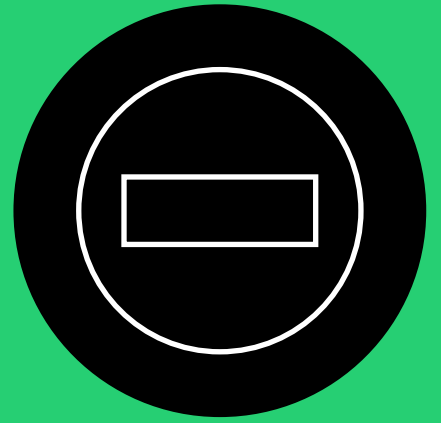
**THIS ENTRY
IS CLOSED**



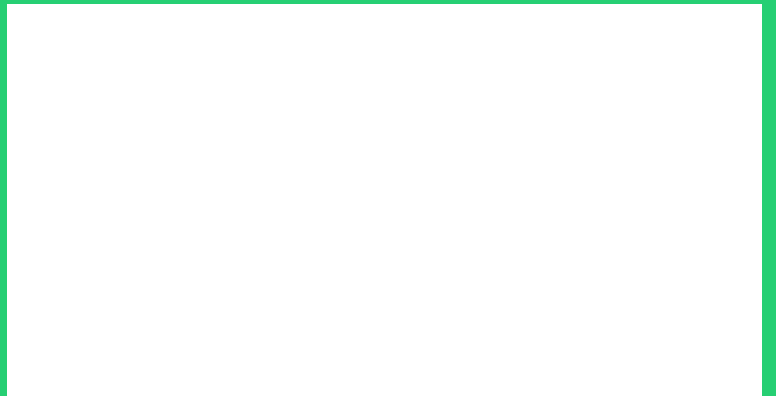
**Approved
visitors please
use**



**THIS ENTRY
IS CLOSED**



**Approved
visitors please
use**



SYMPTOMS? WHERE TO GO?



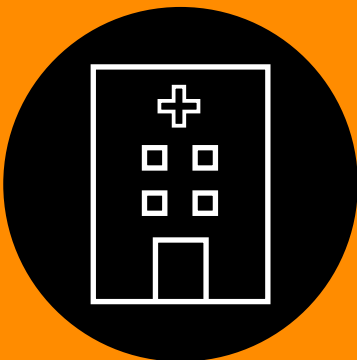
STAY AT HOME...

...If no symptoms but think you were exposed to someone with symptoms. Monitor for fever, cough, and shortness of breath.



CALL DOCTOR OR 311 FOR MEDICAL ADVICE...

...If showing the minor symptoms (fever, cough, and shortness of breath)



CALL 911 OR GET CARE...

...If symptoms worsen (increased difficulty in breathing, chest pain, bluish lips)

CLEANING FOR COVID-19

COVID-19 (novel coronavirus 2019) is a respiratory illness that primarily spreads through the air and through personal contact with surfaces and infected people. COVID-19 is an enveloped virus, meaning it is easily compromised by proper cleaning and sanitizing. It is unknown how long COVID-19 can survive on surfaces, but it is recommended to clean and sanitize high contact surfaces at home, school, and the work place.



Remove visible soil and dirt from surfaces using soap and water.



Apply an EPA registered disinfectant to kill pathogens, including COVID-19. Common cleaners include:

- Clorox Disinfecting Wipes
- Lysol Brand Bleach Multi-Purpose Cleaner
- Purell Multi Surface Disinfectant



For effective sanitizing, wait the proper contact time as indicated on the product label.





DROPLET PRECAUTIONS



EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.



Make sure their eyes, nose and mouth are fully covered before room entry.



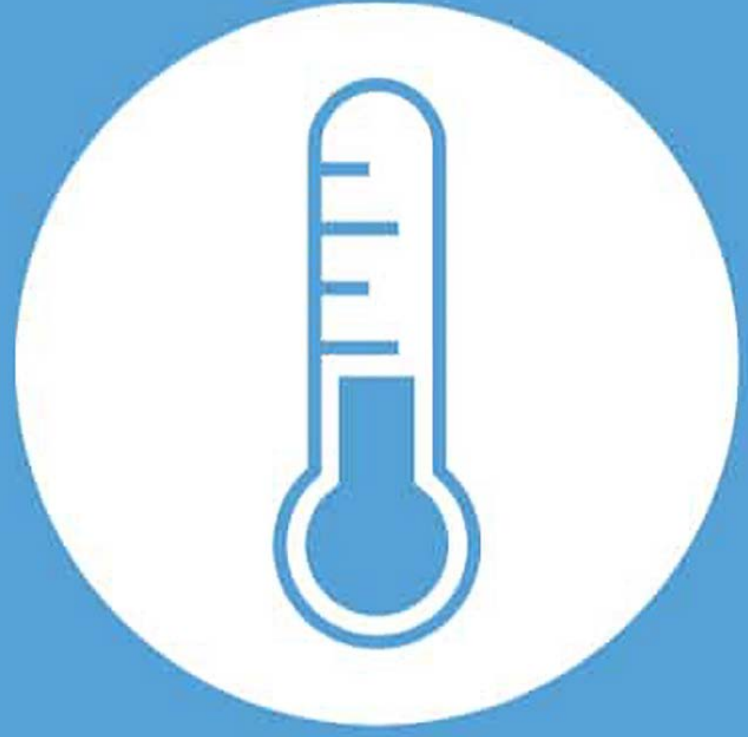
or



Remove face protection before room exit.

COVID-19 INFORMATION FOR RETURNING TRAVELERS

SELF-MONITOR AND PRACTICE SOCIAL DISTANCING



1. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.



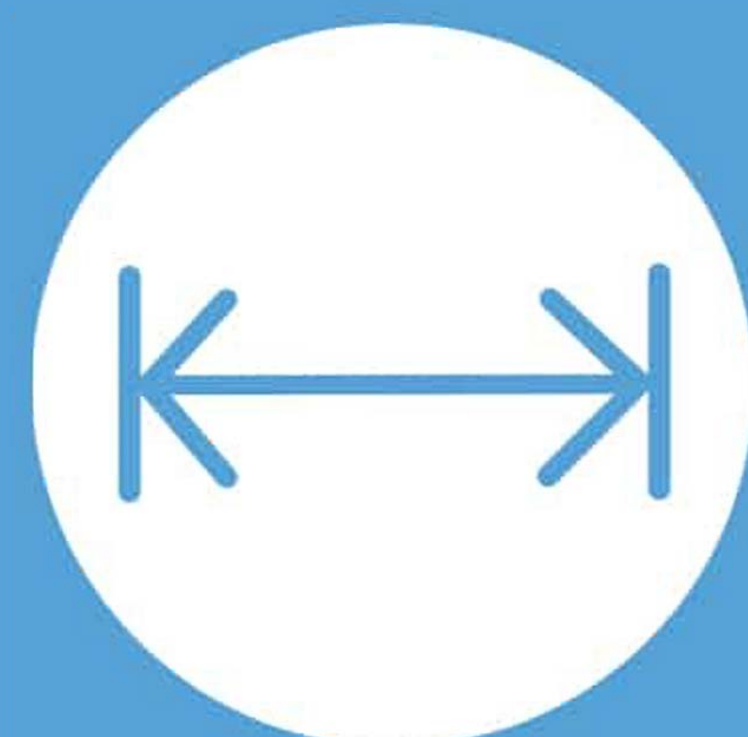
2. Stay home and avoid contact with others. Do not go to work or school for this 14-day period.



3. Do not take public transportation, taxis, or ride-shares.



4. Avoid crowded places (such as shopping centers and movie theaters) and limit activities in public.



5. Keep your distance from others (about 6 feet or 2 meters).



6. If you need support services during this self-monitoring and social distancing period, call 311

You can return to your regular routine when 14 days have passed since your departure date, provided you remain well and have not been diagnosed with COVID-19. For example, if you left a country with a Level 3 Travel Health Notice on March 1, you can return to work starting on March 15. Employers should not require a doctor's note to return to work.

TAKE EVERYDAY PRECAUTIONS



WASH YOUR HANDS



DON'T TOUCH FACE



AVOID SICK PEOPLE

HOW CAN I PROTECT MYSELF FROM COVID-19?

PRACTICE GOOD HEALTH HABITS



**WASH
HANDS
OFTEN**



**COVER
COUGHS +
SNEEZES**



**DON'T
TOUCH
FACE**



**CLEAN
SURFACES
OFTEN**



**STAY HOME
WHEN
SICK**



**AVOID
SICK
PEOPLE**



HOW TO WASH YOUR HANDS

PROTECT YOURSELF AND OTHERS AGAINST INFECTIONS



WET HANDS



APPLY SOAP



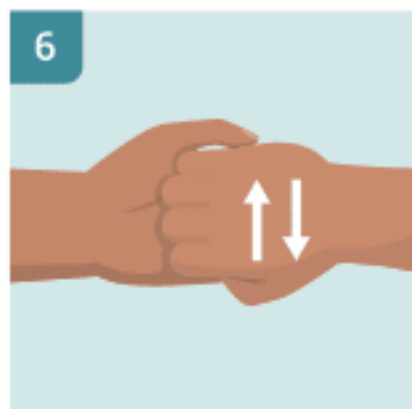
RUB HANDS
PALM TO PALM



LATHER THE BACKS
OF YOUR HANDS



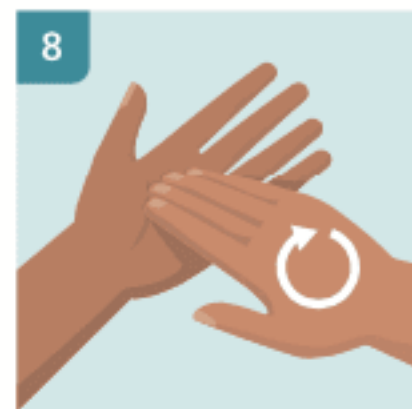
SCRUB
BETWEEN YOUR FINGERS



RUB THE BACKS
OF FINGERS ON
THE OPPOSING PALMS



CLEAN THUMBS



WASH FINGERNAILS
AND FINGERTIPS



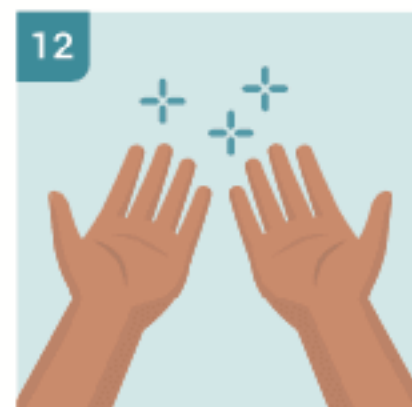
RINSE HANDS



DRY WITH
A SINGLE USE TOWEL



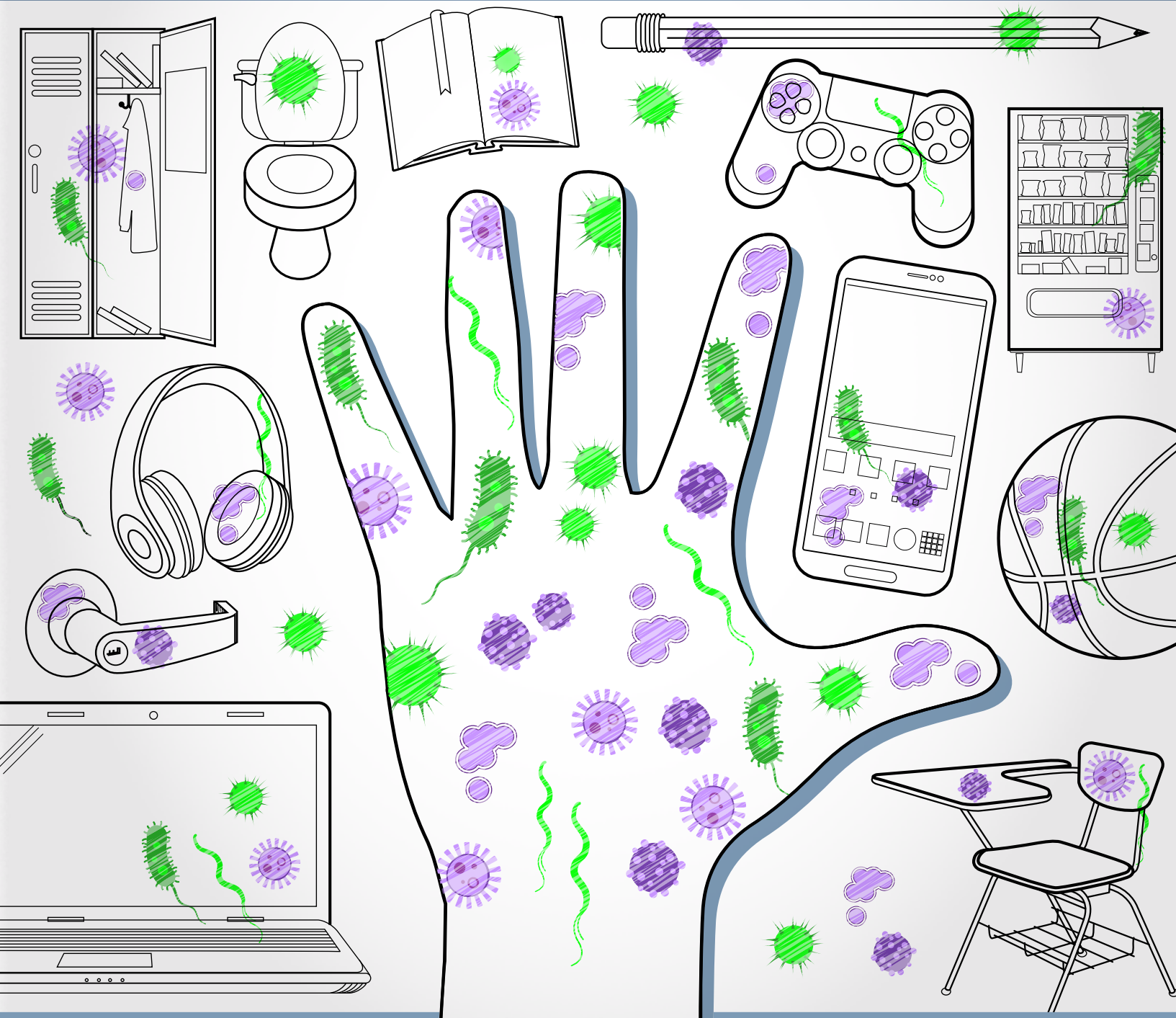
USE THE TOWEL
TO TURN OFF THE FAUCET



YOUR HANDS ARE CLEAN

GERMS

are all around you.



Stay healthy.
Wash your hands.

HOW CAN I PROTECT MYSELF FROM COVID-19?

WASH YOUR HANDS!



1 WET
HANDS



2 APPLY
SOAP



3 SCRUB 20
SECONDS



4 RINSE
UNDER
WATER



5 DRY WITH
CLEAN
TOWEL



**CLEAN
HANDS!**

COUGH ETIQUETTE

HELP PREVENT THE SPREAD OF INFECTION. COVER YOUR MOUTH.



Cover your mouth and nose with a **tissue** when you cough or sneeze.



Or cover your mouth and nose using your **upper sleeve or elbow** when you cough or sneeze.



Put the used tissue in a **waste basket**.



Wash hands with **soap and water** after coughing or sneezing, and when caring for the sick.



Or clean them with an **alcohol-based rub** if soap and water are not available.

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

COVID-19

SYMPTOMS & WARNING SIGNS



- **FEVER**
- **COUGH**
- **SHORTNESS OF BREATH**
- **PERSISTENT PAIN OR CHEST PRESSURE***
- **BLUISH LIPS OR FACE***

***SEEK IMMEDIATE EMERGENCY TREATMENT**

IF YOU DEVELOP SYMPTOMS AND HAVE BEEN IN CONTACT WITH SOMEONE WITH COVID-19, OR TRAVELED TO AN AREA WITH ONGOING SPREAD, CALL YOUR DOCTOR

CORONAVIRUS (COVID-19)

WHEN TO SEEK CARE

Please follow the guidelines below when considering whether or not to seek medical care if you're experiencing symptoms similar to symptoms associated with COVID-19.



STAY HOME

If you are worried, but well, **please stay in and self-quarantine.**

Going to a hospital or doctor's office when well adds a higher number of people and can overwhelm medical staff.



CALL FOR ADVICE

If you are **sick** and think you have been **exposed** to COVID-19 **call** your health care provider or 311 to discuss your exposure.



SEEK CARE

If you are **sick** and feel you have an **emergency**, **call** your health care provider, 911, or seek medical care.

Please **call** your provider's office or hospital **before you go**, especially if you're symptomatic.

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅔ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- | | |
|---|---|
| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
|---|---|

► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



WH1422 REV 03/20