

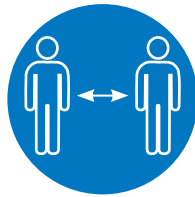
Keeping our residents, associates and families healthy and safe by working together.

Our **Safer Together Program** combines all of our knowledge about managing Covid-19 and outlines 4 simple steps we can all take to protect one another while allowing as much independence and autonomy for our residents as possible.



Universal Source Control

Wear masks or
face coverings



Physical Distancing

Remain 6 feet apart
as much as possible



Infection Control

Wash your hands and
sanitize frequently



Testing

Get tested as often as
indicated by our Testing
Classification System

9-Point Plan for Managing Community Transmission of Covid-19

1. Data-driven Decisions

- a. All decision making and transmission management approaches are evidence-based and driven by current scientific knowledge and established best-practices
- b. We collaborate regularly with health systems, public health departments, and local, state and national organizations to ensure our practices are continually aligned with those entities
- c. We use State Department of Health and CDC guidelines to guide our policies, procedures and protocols and we adapt them as guidelines change over time

2. Mitigation

- a. Employee/visitor health screening upon entry; temp checks on entry and exit
- b. Hand sanitizer stations throughout the building
- c. Frequent hand washing/sanitizing policy
- d. Regular training of associates on infection control, universal precautions, transmission based precautions and hand hygiene
- e. Antimicrobial hand soap in every apartment
- f. Frequent cleaning of surfaces, floors, and furniture
- g. Residents wear masks (as tolerated) when around others or in public spaces
- h. Staff wear masks at all times except during meal breaks in designated areas or when alone in private offices
- i. Modified visitation practices
- j. Physical distancing whenever possible
- k. Fully stocked PPE, sanitation and medical supplies

3. Surveillance

- a. Frequent assessment of resident health status including any changes in baseline condition
- b. For ANY change in condition, Covid-19 is considered a potential cause and testing is immediately discussed with resident, family and PCP
- c. Constant staff self-monitoring for onset of symptoms and expectation to report immediately
- d. Staff with ANY symptoms do not report to work and are tested ASAP when indicated

4. Testing

- a. Policy is to test early, test often, and test broadly as clinically indicated and feasible
- b. New residents are tested before and after move-in per policy
- c. Residents are tested when clinically indicated per policy (change of condition, new-onset symptoms, known or potential exposure, return from MLOA, community surveillance, outbreaks, etc.)
- d. New hires are tested prior to starting work
- e. Staff are tested every 2 weeks, or more frequently if indicated, or as required by DPH or Executive Order

5. Isolation

- a. Symptomatic residents are isolated in their apartments and placed on transmission-based precautions
- b. Covid positive residents are placed on strict isolation and droplet precautions until time or symptom-based isolation period is cleared per CDC guidelines and MSL policy
- c. Residents on isolation are cared for by well-trained staff who have proper PPE
- d. The number of staff entering into isolation apartments is minimized

6. Containment

- a. Confirmed or suspected residents are transferred out of the building when possible and appropriate based on clinical condition and ability to safely isolate and follow all isolation protocols
- b. Confirmed or suspected residents may require a private-duty aide when indicated
- c. Confirmed residents may be cohorted in designated sections of the building when feasible
- d. Cross contamination is minimized by dedicating staff and minimizing movement of staff around the facility as much as possible
- e. Covid-free sections of any building with confirmed cases are segregated when possible

7. Contact Tracing

- a. We identify residents and staff with known or suspected Covid-19 and their contacts and work with them to interrupt disease transmission
- b. As indicated, residents or staff who have been in close contact with any suspected or confirmed case are identified, quarantined and tested

8. Quarantine

- a. Residents quarantine according to state mandates and MSL policy when clinically indicated
- b. Staff quarantine at home when indicated for symptoms, exposure or confirmed infection according to MSL policy

9. Education, Communication and Accountability

- a. We routinely educate residents, staff and family members about our infection control policies, procedures and protocols
- b. We communicate often about the status of our communities and new guidelines, state mandates or regulations, and changes to our operating procedures
- c. We hold our associates accountable to abide by our policies and evidence-based best practices