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**COVID-19**

**RE-OPENING**

**IMPLEMENTATION PLAN**

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| Mount Trexler Manor  Lic. # 216631 | Quakertown House  Lic. # 126810 |
| Action Recovery  Lic. # 226870 | Action Recovery 2  Lic. # 227290 |
| RTFA South  Lic. # 142580 | RTFA West 1 and 2  Lic. # 143050 and 143070 |

**References throughout this document to**

**New Vitae Wellness and Recovery (NVWR) encompasses all facilities listed above.**

New Vitae Wellness and Recovery (NVWR) values the health and safety of all program members and members of its staff. Throughout the COVID-19 pandemic, careful attention to the guidance of federal, state, and local health authorities and governance bodies, as well as standard infection control procedures, has guided the decisions, policies and practices to maintain a safe environment for all and mitigate the risk of the virus entering and being transmitted within our facilities.

This plan is effective immediately and continues for the duration of the COVID-19 Disaster Declaration by the Commonwealth of Pennsylvania’s Governor.

During periods when Pennsylvania was designated as operating in the **RED** Phase, NVWR’s Personal Care Home facilities have operated under significant restrictions, consistent with guidance from our Pennsylvania Department of Human Services (DHS) and Department of Health (DOH), as described in APPENDIX B. Additional procedures are detailed in NVWR’s COVID-19 Protocols document.

With Pennsylvania’s movement through the phases to **GREEN** designation, easement of some of those restrictions can occur as long as certain provisions and conditions are met. This plan describes those provisions and conditions.

The process of re-opening, which in this case is defined by the easement of restrictions that were initially instituted to contain any transmission of the virus and minimize the introduction of the virus into facilities. The PA DHS has provided foundation for these re-opening allowances through an incremental program of Steps to assure that each facility has appropriate infection control protocols and that there is sufficient capacity to manage potential outbreaks. These Steps (1 through 3) are described in more detail in APPENDICES A & B, including the conditions under which each facility may progress to the next step.

Re-opening implementation will proceed if the county in which the facility is located remains in either Pennsylvania’s **YELLOW** or **GREEN** Phase. If at any point a county where a NVWR facility is located reverts to **RED** Phase, re-opening implementation will cease, and most restrictive provisions will be reinstituted (see APPENDIX C).

In addition, any time there is a facility-based resident positive test/COVID-19 diagnosis or staff positive test/COVID-19 diagnosis, or the facility is under a contingency staffing plan, re-opening implementation reverts to the most restrictive provisions (see APPENDIX C).

1. **PREREQUISITES FOR ENTERING THE RE-OPENING STEP PROCESS**
2. **Screening/Testing for COVID-19: Residents**
3. Residents are screened twice daily for elevated temperature and COVID-19 related symptoms to enable early detection.
4. Any resident who displays symptoms of COVID-19 is tested within 24 hours; those who are awaiting testing or awaiting results will be relocated to a **YELLOW** zone cohort, as described in the **Cohorting of Residents** section below.
   1. COVID-19 testing will be administered through internal resources (nursing staff trained in specimen collection) using full PPE; Atlantic Diagnostic Testing Laboratories will manage the process of specimens.
   2. Should internal resources not be available to test within 24 hours of detection of symptoms, the resident will be transported for testing at an available community testing site/hospital/physician’s office. Transport will follow protocols described in the NVWR COVID-19 Protocol Document.
5. Initial baseline testing for all residents was completed as follows:

Mount Trexler Manor: 7/16/2020

Mount Trexler Manor-Action Recovery 1 and 2: 7/16/2020

TriCounty Respite-Quakertown House: 7/29/2020

Residential Treatment Facility for Adults-South: 7/27/2020

Residential Treatment Facility for Adults-West 1 and 2: 7/29/2020

1. Should an outbreak occur, resources for testing include seven nurses trained in COVID-19 swabbing, which is assessed as adequate for the gathering of samples from residents, when needed.
2. Samples gathered internally are transferred to Atlantic Diagnostic Testing Laboratories for processing.
3. Residents are within their rights to decline testing, or in rare circumstances are unable to participate in testing. If such resident is suspected of exposure to COVID-19 (due to contact tracing or through the presence of a resident or staff person in the same “zone” who tested positive for COVID-19 during the 14 days prior to the refusal), the resident will be quarantined for 14 days from the time of suspected exposure. Should the resident evidence symptoms of COVID-19, testing will be re-visited with the resident. The resident will be “presumed positive” for COVID-19 if he/she continues to decline testing, with protocols consistent with NVWR’s **YELLOW** status implemented for infection control.
4. **Screening/Testing for COVID-19: Staff**
5. Staff are screened twice during worked shifts for elevated temperature, once prior to beginning his/her shift and once at the end of shift (defined as within one hour of schedule end time for shift). In addition, prior to beginning his/her shift, all staff complete a questionnaire related to symptoms that may be related to COVID-19, any known exposure status, personal testing status, and testing status of household members.
   1. Any issue of concern that arises from the screening results in exclusion from work and, if indicated, requirement for testing.
   2. The staff member will be referred for testing to an available community testing site/hospital/physician’s office, with expectation that testing be completed within 24 hours of identification of need.
   3. Internal resources for testing will be used when community-based testing is not practical or available, with the use of trained nursing staff to collect specimens and Atlantic Diagnostic Laboratories for process the specimens.
6. For any staff excluded from work due to COVID-19 positive test result or diagnosis, NVWR will follow. guidance from PA HAN 501: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19.
7. Initial baseline testing for all staff working on-site where residents live, or who have potential to come in contact with residents during the course of duties, was completed as follows:

Mount Trexler Manor: 7/16/2020

Mount Trexler Manor-Action Recovery 1 and 2: 7/16/2020

TriCounty Respite-Quakertown House: 7/29/2020

Residential Treatment Facility for Adults-South: 7/27/2020

Residential Treatment Facility for Adults-West 1 and 2: 7/28/2020

1. Moving forward, should an outbreak occur, a community-based testing location will be used for staff testing, unless the number of impacted staff makes this impractical. In this case, the backup plan will include internal specimen collection by trained nurses employed by NVWR.
2. Samples gathered internally are transferred to Atlantic Diagnostic Laboratories for processing, under the contractual agreement.
3. Any non-essential personnel and volunteers will be tested using community resources (note that NVWR programs, in general, do not utilize volunteers).
4. Staff who decline to be tested as part of baseline/universal testing procedures or due to symptoms will be restricted from working with unexposed residents. Those with symptoms will be regarded as “presumed positive” for the purposes of exclusion from and return to work, using criteria established by Pennsylvania Health Alert Network (PA HAN) 501. Those without symptoms who decline testing will be restricted to working only with cohorted residents who are in **YELLOW** or **RED** zones. If there are no residents assigned to those zones, the staff member will be excluded from work and placed on leave of absence, per NVWR leave of absence policy outlined in the Employee Handbook, until or if the staff person agrees to participate in testing.
5. **Screening (Others – e.g. non-essential personnel, visitors, contractors, vendors, volunteers)**
6. All persons presenting to the facility for entry will be screened for elevated temperature and will be required to complete the screening questionnaire to self-identify factors that would increase risks of transmission of virus in the facility.
7. Those presenting with an elevated temperature or increased risk will not be permitted entry to the facility, or access to residents on the grounds of the facility.
8. **Cohorting of Residents**
9. To contain transmission of COVID-19, residents suspected of or diagnosed with COVID-19 will be quarantined/isolated with other residents of the same status.
10. Depending on circumstance (e.g. the resident’s capabilities in following requirements of quarantine/isolation, the number of impacted individuals in a particular “zone,” the availability of rooms, the accessibility of bathrooms available for exclusive use, etc.), individuals will be moved to a new room/identified quarantine or isolation zone or quarantine/isolate in place when quarantine/isolation requirements can be upheld without impacting other residents while remaining in place. Quarantine or isolation off-site may be required for the protection of the integrity of the quarantine/isolation.
11. To the extent possible, staff are assigned to specific zones, with certain “specialty positions” (e.g . nursing, medication administration staff, etc.) who may be required to enter multiple zones to perform their duties. When traveling between YELLOW or RED zones, PPE will be removed upon exit from one zone, with new PPE donned prior to entering the next zone. Hand sanitization must also be completed with each exit and entry.
12. Cohorts are divided among **GREEN**, **YELLOW**, and **RED** zones, as follows:

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| **GREEN ZONE(S): UNEXPOSED RESIDENTS** |
| **GREEN ZONES** are used for residents who have not been known to have exposure to others who have the COVID-19 virus.  Surgical-grade medical masks are required for all staff working in **GREEN ZONES**, and gloves are to be used for any hands-on duties with residents. Residents will be strongly encouraged to wear a cloth mask any time they are out of their rooms/in shared areas of the home; for those who have difficulty tolerating a cloth mask, face shields will be made available as an alternative. |
| **YELLOW ZONE(S): COVID-EXPOSED RESIDENTS** |
| **YELLOW ZONES** are used for residents with a negative SARS-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure to COVID-19.  Full PPE is to be used by staff working in a **YELLOW ZONE.** Residents will be strongly encouraged to wear a surgical mask when in the presence of others. |
| **RED ZONE(S): COVID-EXPOSED RESIDENTS** |
| **RED ZONES** are used forresidents with a positive SARS-CoV-2 PCR test and still within the parameters for transmission-based precautions.  Full PPE is to be used by staff working in a **RED ZONE.** Residents will be strongly encouraged to wear a surgical mask when in the presence of others.  **To declare a unit or facility that has housed COVID-19-positive residents unaffected by COVID-19, all of the following conditions must apply:**   * All residents on the unit who were confirmed or probable cases of COVID-19 must have met the criteria for discontinuation of transmission-based precautions. * 14 days have passed since the last date of transmission-based precautions for COVID-19 for any resident in the unit. * All residents who were not confirmed or probable cases of COVID-19 remain asymptomatic. * All staff remain asymptomatic or have met return-to-work criteria described in PA-HAN-499. * No additional or ongoing exposures have occurred. |

1. **Ensuring adequate supply of accessible personal protective equipment for staff, and maintaining the supply chain to maintain on-site and stored supplies at adequate levels**
2. NVWR has assessed PPE needs for each facility size/type and has central storage of PPE supplies, distributing PPE to maintain accessible supplies.
3. Ordering is completed through centralized ordering system, and distribution is adjusted when/if there is an event that requires the opening of a **YELLOW** or **RED** zone to ensure readily available and appropriate PPE is accessible to meet PPE requirements documented above in the Cohorting of Residents section of this plan.
4. Gloves are not re-useable and must be disposed of between resident contacts.
5. Face masks, both surgical and N95/KN95, are re-used up to 40 hours of use, with replacement masks provided after this duration *and* anytime the integrity of the mask has been compromised (wet, torn, excessive dirt).
6. Gowns and similar PPE apparel is used in **YELLOW** or **RED** zones; in **YELLOW** zones, the apparel is used for the duration of the shift as long as the staff remains working in the same zone, while in **RED** zones, the apparel is removed after each contact with or entry into the room of an affected resident.
7. Eye protection is re-useable but requires sanitation between uses.
8. Should supplies return to limited availability status from vendors, NVWR has established relationships with local and regional Departments of Health representatives, RCPA, and National Council on Behavioral Health, which can be tapped to potentially assist when shortages arise.
9. **Ensuring adequate staffing to avoid staffing shortages**
10. NVWR implements an aggressive recruitment strategy to ensure that staffing levels are sufficient, including:
    1. Advertisement
    2. Cold calls
    3. Virtual job fairs
    4. Referral incentives
11. Onboarding is streamlined and virtual to efficiently and safely ensure that any current vacancies (including temporary vacancies related to the repercussions of the pandemic) are filled timely.
12. When needed, NVWR has relationships with staffing agencies to provide for any critical staffing needs.
13. NVWR is not currently under a contingency staffing plan; organization-wide, there has been a 10.77% increase in staff headcount from pre-covid rates (Feb 2020) to the initiation of this Implementation Plan (July 2020).
14. **RE-OPENING ACTIVITIES IMPACTED BY THE IMPLEMENTATION PLAN**
15. **Resumption of Communal Dining**
16. Throughout all Steps and cohorted zones, residents who need assistance with feeding and eat in a common area are spaced apart as much as possible, ideally six feet or more.
    1. Where it is not possible to have these residents six feet apart, no more than one resident who needs assistance with feeding may be seated at a table.
    2. When assistance requires close (less than six feet) contact, staff will minimize the duration of close interactions while maintaining safe supervision.
17. Beginning with Step 1, communal dining will be available as a choice for residents who reside in a **GREEN** zone cohort.
18. Zone integrity will be maintained, with communal dining area identified for each zone.
19. Dining area seating will be clearly marked to maintain six (6) foot distancing during meals.
20. Sanitization of the dining area is completed before and after meals, and between seatings, when multiple seatings are offered.
21. Residents will be encouraged to wear masks when entering/exiting the dining area, as well as when not engaged in eating or drinking.
22. Those residents who are not able or willing to wear masks (or face shields as an acceptable alternative) while in the communal dining area before or after eating will be encouraged not to linger in the area beyond the time needed for eating their meal and/or will be encouraged to be seated at their own table.
23. For dining areas that cannot accommodate all residents who choose to dine with others while maintaining appropriate distancing, opportunity to participate in communal dining will be accomplished through one or both of the following strategies:
    1. Availability of two (2) seatings for meals
    2. Rotation of residents being given the opportunity to eat in the communal space (by day or meal)
24. Single-use utensils and other products will continue to be used throughout Steps 2 and 3 in order to limit the number of people handling meal-related items.
25. **Resumption of on-site group activities and off-site individual/group activities**
26. Protocols for group activities (all)
    1. Group activities are permissible only for individuals who have not been exposed to COVID-19 (residing as part of a **GREEN** zone).
    2. Minimum 6 ft distancing must be maintained between participants, and between participants and staff; in the rare instance when such distance cannot be maintained, the duration of the contact must be brief, no more than 10 minutes.
    3. Hand hygiene with either soap/water or alcohol-based hand sanitizer must be complete before and after the activity by all participants, including staff.
    4. All participants in the activity must wear a face mask; residents have the option to use a face shield in lieu of a face mask, if needed, if not able to tolerate the use of a cloth face covering.
    5. Outdoor activities are preferred over indoor activities; when indoor activities are held, the location must be in a part of the residence where residents who have been exposed to COVID-19 do not frequent, and must be of sufficient size to safely maintain the physical distance described above.
27. On-site Group Activities
    1. On-site group activities are defined as non-essential therapeutic, social or recreational activities involving 2 or more residents from the same zone or residence.
    2. During periods of greatest restriction (i.e. residences that are not re-opening or have had to revert to pre- reopening status), no group activities are permitted.
    3. During Step 1, group activities may resume on a limited basis for residents who share the same zone, as long as the zone status is not **YELLOW** or **RED**. In addition, group activities within the same residence, but not residing within the same zone may begin on a limited basis for up to five (5) residents. All group protocols outlined in #1 are maintained.
    4. During Step 2, group activities may continue on a limited basis, with increased maximum participation of up to ten (10) residents. Activities are not restricted by zone if the activity is held outdoors and all group protocols outlined in #1 are maintained. Indoor activities continue to be restricted to within zone.
    5. During Step 3, there is no maximum number of participants for outdoor, on-site activities; number of participants is driven by ability to maintain at least six (6) foot distancing between participants. Indoor activities cross zone may be held with a maximum of 10 participants [or otherwise limited by the size of the indoor space/ability to maintain six (6) foot distancing.]
28. Off-site Individual/Group Activities
    1. Off-site activities are defined as any non-essential therapeutic, social, recreational, or personal errand activity that takes place away from the residence; group is defined as involving 2 or more residents, regardless whether they reside in the same zone/residence or not.
    2. During Step 1, no non-essential off-site activities (individual or group) are permissible.
    3. During Step 2, one-to-one off-site walks are permissible for any unexposed residents (**GREEN** zone), with trained staff in accordance with the Outdoor Time-Walk Protocols, including the use of mask/face shield by the resident and mask by the staff person.
    4. During Step 3, supervised group activities may occur for any unexposed residents (**GREEN** zone) and may include residents from multiple zones, but not from multiple facilities.
       1. Destinations are limited to outdoor venues that do not attract crowds (e.g. parks, walking trails, etc.).
       2. Maximum number of participants is limited by transport capacities of vehicles if transportation is required.
       3. Outings are limited to two (2) hours.
    5. All group protocols outlined in #1 are maintained.
    6. Any related travel to/from the activity must maintain physical distancing and adequate ventilation. The number of residents that may be transported at once is dictated by the size of the vehicle used, and adequate ventilation is achieved by setting the vehicles van in the “fresh air” (non-circulating) mode, with windows at least cracked near all individuals in the vehicle.
    7. Care must be taken in planning off-site activities to limit destinations to those that do not attract crowds and time indoors at off-site locations is limited in duration.
    8. Under no circumstances will indoor, off-site dining be permitted, regardless of Step progression.
29. **Resumption of Non-Essential Service Providers**
30. Non-essential service providers will be permitted on-site for scheduled time frames only during Step 3 of the Re-opening process.
31. Non-essential service providers will be screened for temperature, symptoms and any elevated exposure risk factors; any indicators of elevated exposure risk will exclude them from entry into the facility.
32. Non-essential services will only be available for unexposed (**GREEN** zone) residents.
33. For barbers and hairdressers, where six (6) foot distancing is impractical to complete the service, additional precautions will be required:
    1. Physical distancing will be maintained between residents who are receiving services.
    2. Service providers and residents will wear a mask for duration of service.
    3. For services that require touching of the resident’s face, gloves will also be used.
    4. Thorough sanitation of the chair, any other furniture, and equipment will be completed prior to service, at the end of service, and between services.
34. **Resumption of Non-Essential Visitation (including cross-program visitation)**

Recognizing the importance of visitation with family, friends, and other supports, NVWR strives to create a safe environment for visitation to occur that mitigates the transmission risks of COVID-19. To that end, the following protocols are in place to support safe visitation.

***Visitation for NVWR facilities in Step 2 of Re-opening Plan***

1. Only residents who have not been exposed to COVID (i.e., not cohorted in a **YELLOW** or **RED** zone) are eligible to participate in face-to-face visitation.
2. Residents with severely compromised immune systems will require extra precautions (e.g. surgical-style medical grade mask, for example) to support safe visitation.
3. Visitation at this Step will be limited to no more than two (2) people at a time.
4. Visitation will be limited to those age25 and over.
5. Visitation hours will be established by each program. Visitation hours will not coincide with mealtimes.

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| Residence | Visitation Hours (visits limited to 45-minutes each) |
| Mount Trexler Manor | Saturdays: 10:00am to noon; 1:00 to 3:00pm  Wednesdays: 300 to 5:00pm; 6:00 to 8:00pm |
| Action Recovery 1 and 2 | Saturdays: 6:00-8:00pm  Sundays: 10:00am to noon  2.00 to 4:00pm |
| Quakertown House | Sundays: 12:00pm-4:00pm  Tuesdays: 1:00-3:00pm and 6:00-8:00pm |
| RTFA-South 6th St. | Sundays: 12:00pm to 4:00pm  Wednesdays: 300pm to 7:00pm |
| RTFA-West Walnut St. | Sundays: 12:00pm to 4:00pm  Tuesdays: 300pm to 7:00pm |

1. Residents will be limited to one visit per week, to allow for equitable distribution of visitation slots.
2. Visits should be scheduled at least 48 hours in advance with the resident’s Care Coordinator to ensure staffing is in place for visits, although requests will be accepted with less notice and accommodated when possible. Same day requests will not be honored. With a limited number of visitation slots, NVWR strongly recommends that visits are scheduled well in advance to assure availability. Anyone that arrives to visit without a confirmed appointment will not be permitted to complete the visit.
3. The maximum time period for visits will be 45 minutes. Visitation slots will be scheduled with ample time between visits to thoroughly sanitize the area before the beginning of the next visit time slot.
4. If there is a shortage of visitation slots for the number of individuals who would like to visit, priority will be given to residents with diseases that cause progressive cognitive decline (e.g. Alzheimer’s Disease) and residents who may be expressing feelings of loneliness.
5. Visitation at this step of the re-opening process will be established outdoors in designated visitation areas, weather permitting. NVWR will arrange for an area with temporary or permanent cover to allow for visits to occur outdoors whenever possible. Indoor visitation will not be permitted in this step.

***Note:*** In the event that there is inclement weather too severe for the outdoor protective structures, visits will be rescheduled to an additional visitation day within the next seven (7) days to accommodate all visits that were scheduled.

1. Entrance and exit routes are identified to restrict/minimize cross-over with resident-accessed areas.
2. Staff from each of the respective programs will be assigned to manage the scheduling of their respective visits, preparation of their visitation site, screening of visitors, and monitoring of visits to ensure protocols are followed.
3. Visitor protocols
   1. Visitors will arrive 15 minutes prior to scheduled visit time to complete check in and screening procedures; late arrivals will not result in extended visits, as the visitation area will need to remain on schedule for subsequent visits.
   2. Visitors and the resident will be required to wear at least cloth masks for source control for the duration of the visit; visitors must wear a mask at all times while on NVWR property, including during the sign in/sign out process.
      1. Residents with severely compromised immune systems will be required to wear additional PPE, including a surgical-style medical mask and a face shield.
      2. Visitors of residents with severely compromised immune systems may be asked to wear additional PPE (will be provided).
   3. Upon arrival, visitor will remain in his/her vehicle and call the number given when the visit appointment was made to trigger the check in/screening process; the designated staff member will meet the visitor at the identified location to complete the following:
      1. Temperature check; visitors are encouraged to self-check their temperatures before leaving home for the visit so there are no unwelcome surprises when staff completes the temperature check. Temperature above 99.5 will trigger an inability to proceed with the visit that day.
      2. Screening questionnaire
      3. Mask verification for all visit participants
      4. Sign in, including provision of contact information
      5. Review of visitation rules
      6. Instructions on where to proceed to for visit
   4. Hand sanitizer will be available and required for all visitors to use before and after the visit, with demonstration or use, if necessary, in proper hand sanitizing provided by the assigned staff person.
   5. Visitors and residents will maintain at least 6 ft. distance between them during visits, and direct contact (hugging, kissing, etc.) is prohibited. NVWR will ensure that the 6 ft. distance is clearly marked in the visitation area(s).
   6. Visitors bringing items/gifts for the resident must hand off the item(s) to staff to be properly sanitized, after which the item(s) will be given to the resident.
   7. Food or beverages may be gifted to the resident, however eating or drinking is not permitted during the visit (as this would require the removal of masks).
   8. The visit will be terminated, regardless how much time remains in the visitation appointment, should the visitor(s) fail the screening process or if the visitor is unable or unwilling to follow these protocols. **There will be no warnings given.**

**Visitation for NVWR facilities in Step 3 of Re-opening Plan**

1. All basic visitation rules and standards remain in effect, with the specific easements noted below.
2. Visitation at this step is expanded to include extended family.
3. Youth, age 7 and up may participate in visitation; younger children must be adequately supervised and managed by the adult visitors to ensure behavior that does not violate visitation rules. Exceptions can be made with approval from the administrator.
4. Visitation may occur indoors during this step, in designated visitation areas or in common areas of the residence; in-room visitation is permitted only when the resident is unable to be transported to the common area designated for visitation.
5. Visit locations identified for each facility will be in pass-through areas (e.g. halls, lobbies, etc.) and/or areas not designated as part of cohort “zones.” In addition, the route for visitors to travel to the visitation area must likewise be restricted to pass-through areas and/or communal areas not designated as part of cohort “zones.” The only exception will be when a resident’s physical condition prohibits him/her from being transported to the designated visitation location, and only when the facility is in Step 3 and indoor visitation is routinely allowable.
6. If visitation occurs outdoors, the maximum number of visitors is expanded to three (3); indoor visitation will continue to be limited to two (2) visitors at a time.

**For all steps in which visitation is permitted:**

1. Designated visitation locations:

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| **Residence** | **Outdoor Visitation Location(s)** | **Indoor Visitation Location(s)** |
| **Mount Trexler Manor** | Upper Parking Lot | Front Visitor’s Lounge |
| **Action Recovery 1 and 2** | Upper Parking Lot | Front Visitor’s Lounge |
| **Quakertown House** | Side porch | Front Visitors Lounge |
| **Pathways** | Broad/Back Lot tables  Main/Courtyard | Satellite Office |
| **AR Jade** | Picnic area next to Jade House | Front Visitors Lounge |
| **Philly South** | South Courtyard | Chestnut Street |
| **Philly West** | South Courtyard | Chestnut Street |

1. If at any time during re-opening steps, there is a new facility onset of COVID-19 cases (positive COVID-19 test for a resident at the facility), visitation will revert to most restrictive protocols reflecting the allowance of only essential visitors (see APPENDIX C for details). The Step process for resuming non-essential visitation outlined in APPENDIX A will begin again.

**APPENDIX A: Department of Human Services Step Requirements for Re-opening**

1. NVWR facilities need not follow the step requirements in unison – each may enter Step 1, and advance or regress based on the particular status of the individual facility.
2. Requirements for Initial Reopening:
   1. To enter the reopening process at Step 1, the facility must meet all the prerequisites.
   2. To enter the reopening process at Step 2 (that is, the facility skips Step 1 and moves immediately into Step 2, the facility must meet all the prerequisites AND have the absence of any new facility onset of COVID-19 cases (resident or staff) for 14 consecutive days since baseline COVID-19 testing.
3. Criteria for Advancing to and Regressing from Next Step:

The following criteria will be applied to determine movement among steps of the reopening process. Each time a facility moves from one step to another, the facility must notify the Department’s program office Regional Director.

* 1. From the date the facility enters Step 1, if there is no new facility onset of COVID-19 cases for 14 consecutive days the facility may move to Step 2.
  2. If at any point during Step 1 (14 consecutive days) there is a new facility onset of COVID-19 cases the facility must cease Step 1 reopening and return to the guidance described in Sections 4 and 5 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 4 and 5 restarts the 14-day period. After the new 14-day period, if there is no new facility onset of COVID-19 cases the facility may reinitiate Step 1.
  3. From the date the facility enters Step 1, if there is no new facility onset of COVID-19 cases for 14 consecutive days the facility may move to Step 2.
  4. If at any point during Step 2 (14 consecutive days) there is a new facility onset of COVID-19 cases the facility must cease Step 1 and Step 2 reopening and return to the guidance described in Section 4 and 5 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 4 and 5 restarts the 14-day period. After the new 14-day period, if there is no new facility onset of COVID-19 cases, the facility may reinitiate Step 1.
  5. From the date the facility enters Step 2, if there is no new facility onset of COVID-19 cases for 14 consecutive days the facility may move to Step 3.
  6. If at any point during Step 3 there is a new facility onset of COVID-19 cases, the facility must cease Step 1, 2, and 3 reopening and return to the guidance described in APPENDIX C relating to visitors and dining, respectively. Moving back to the guidance described in Sections 4 and 5 restarts the 14-day period count. After the new 14-day period, if there is no new facility onset of COVID-19 cases the facility may reinitiate Step 1.
  7. If a county in which a facility is located returns to the Red Phase, the facility must return to the guidance described in APPENDIX C relating to visitors and dining, respectively. When the county moves back to the Yellow Phase, the facility may enter reopening again only when the prerequisites and requirements in PA Department of Human Services Interim Guidance for Personal Care Homes and Assisted Living Residences and Private Intermediate Care Facilities During COVID-19 (link below) are also met.

<https://www.dhs.pa.gov/providers/Providers/Documents/Coronavirus%202020/FINAL_Interim%20Guidance%20on%20Visitation%20in%20Nursing%20Facilities%20During%20COVID%20from%20DOH%2020200312.pdf>

**APPENDIX B: STEPS TO RE-OPEN, Pennsylvania Department of Human Services**

The following steps provide an incremental lifting of restrictions. The prerequisites and requirements to enter reopening are detailed in PA Department of Human Services Interim Guidance for Personal Care Homes and Assisted Living Residences and Private Intermediate Care Facilities During COVID-19, and the criteria for advancing (or retreating) a Step are detailed in APPENDIX A. Further detail on visitation requirements is provided in Section J of this Plan.

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|  | **Step 1** | **Step 2** | **Step 3** |
| **Dining** | Communal dining is limited to residents unexposed to COVID-19. Those residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least six feet). Adhere to the **Precautions When Meals Are Served in a Common Area in Section 5 of this guidance**. All other residents must adhere to the restrictions in APPENDIX C, Dining Services when not in the Reopening Process. | | |
| **Activities** | Limited activities may be conducted with no more than five residents unexposed to COVID-19. Social distancing, hand hygiene, and universal masking are required. | Limited activities may be conducted with no more than ten residents unexposed to COVID-19. Social distancing, hand hygiene, and universal masking are required. | Activities may be conducted with residents unexposed to COVID-19. Social distancing, hand hygiene, and universal masking are required. |
| **Non-Essential Personnel** | Adhere to restrictions in APPENDIX C, Visitor Policies when not in the Reopening Process. | Non-essential personnel are allowed as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and universal masking. Services for exposed residents adhere to the restrictions in Section 4, Visitor Policies When Not In the Reopening Process. | Non-essential personnel are allowed with screening and additional precautions including social distancing, hand hygiene, and universal masking. Barber and hair stylist services are permitted for residents unexposed to COVID-19, at the facility’s discretion. Facility must establish protocols in the Implementation Plan for barber or hair stylists including PPE and ensuring six feet between residents receiving services. Services for all other residents adhere to the restrictions in Section 4, Visitor Policies when not in the Reopening Process. |
| **Volunteers** | Adhere to restrictions in APPENDIX C, Visitor Policies when not in the Reopening Process. | Volunteers are allowed only for the purpose of assisting with outdoor visitation protocols2 and may only conduct volunteer duties with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required. | Volunteers are allowed but may only conduct volunteer activities with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required. |
| **Visitors** | Adhere to restrictions in APPENDIX C, Visitor Policies when not in the Reopening Process. | Outdoor visitation (weather permitting) is allowed in neutral zones to be designated by the facility. If weather does not permit outdoor visitation, indoor visitation is allowed in neutral zones to be designated by the facility and defined in the Implementation Plan. Visitation is limited to residents unexposed to COVID-19. Review Section J for additional requirements. Visitation for exposed residents adhere to the restrictions in APPENDIX C, Visitor Policies when not in the Reopening Process. | Indoor visitation is allowed in neutral zones to be designated by the facility. Visitation is limited to residents unexposed to COVID-19. Visiting in a resident’s room (within facility’s established protocols) is permitted only if the resident is unable to be transported to designated area. Screening and additional precautions including hand hygiene and universal masking are required. Space between visitor(s) and resident (and other groups of visitors/resident) must be at least six feet. Visitation time is scheduled, and facility determines appropriate number of visitors to meet visitation requirements. Visitation is not permitted during mealtimes. Cross-over visitation is only permitted if there is no new facility onset of COIVD-19 in the facility in which the cross-over visitor resides. Visitation for all other residents adhere to the restrictions in APPENDIX C, Visitor Policies when not in the Reopening Process. |
| **Outings** | Adhere to restrictions in APPENDIX C, Activities/ Outings when not in the Reopening Process. | APPENDIX C, Activities/ Outings when not in the Reopening Process. | Outings are allowed only for residents unexposed to COVID-19. Outings limited to no more than the number of people where social distancing between residents can be maintained. Appropriate hand hygiene, and universal masking are required. Outings for all other residents adhere to the restrictions in APPENDIX C, Activities/ Outings when not in the Reopening Process. |

**APPENDIX C: PROCEDURES FOR MOST RESTRICTIVE PROVISIONS (*Pennsyvania’s Red Phase or Upon Emergence of a Facility-Based Resident or Staff COVID-19 Positive Test or Diagnosis)***

**Infection Control and Personal Protective Equipment (PPE)**

1. All staff are trained on PPE, including donning and doffing; new hires will complete PPE training as part of orientation.
2. Residents and staff will be screened twice daily (for staff, each shift worked) for COVID-related symptoms, and staff will complete questionnaires of factors that increase risk of COVID exposure.
3. Staff with even mild symptoms of COVID-19 should consult with their supervisor before reporting to work. If symptoms develop while working, staff must cease resident care activities and leave the work site immediately after notifying their supervisor, in accordance with facility policy.
4. Minimize resident interactions with other personnel and contractors performing essential services (e.g., plumbers, electricians, etc.)
5. Arrange for deliveries to areas where there is limited person-to-person interaction.
6. Ensure cleaning practices comport with CDC guidance in accordance with established sanitation schedules.
7. Universal masking (with surgical mask, at a minimum) is required for all staff and any essential contractors that must enter facilities. N95 or equivalent is required for any work done in **YELLOW** or **RED** zones. (See cohorting protocols for required PPE in all zones.)
   1. HAN 497 Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare Setting
   2. HAN 492, Universal Masking of Healthcare Workers and Staff in Congregate Care Settings

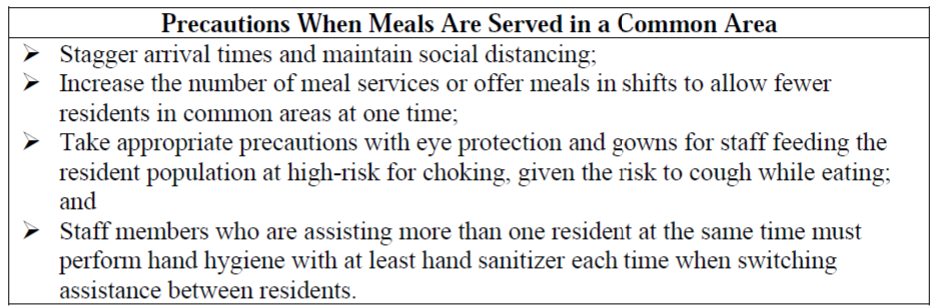
**Visitor Policies**

When in the “pre-step” phase characterized by the strictest restrictions, facilities and residents of facilities that are not in one of the reopening steps as explained in Appendix B must follow the guidance in this section for visitors.

1. To limit exposure to residents, visitation is restricted as follows:
   1. Restrict all visitors, except those listed in Section 2 below, including all volunteers, non-essential health care personnel, other non-essential personnel and contractors (e.g., barbers)
   2. Restrict visitors from other NVWR facilities.
2. The following personnel are permitted to access to NVWR’s facilities as exceptions to the visitor restrictions, and must adhere to universal masking protocols in accordance with HAN 492 and HAN 497:
3. Physicians, nurse practitioners, physician assistants, and other clinicians.
4. Home health and dialysis services;
5. The Department of Aging/Area Agency on Aging, including the Ombudsman, where there is concern for serious bodily injury, sexual abuse, or serious physical injury;
6. Hospice services, clergy and bereavement counselors, and
7. Department of Human Services or designees working on behalf of the Department

**Dining Services**

Facilities and residents of facilities that are not in one of the reopening steps as defined in Appendix B must follow the guidance in this section for dining.

1. Provide in-room meal service for residents who are assessed to be capable of feeding themselves without supervision or assistance. Residents who are identified as at-risk for choking or aspiration who may cough, creating droplets are to be provided meals in their rooms with assistance. If meals cannot be provided in their rooms, the precautions outlined below must be taken for eating in a common area in addition to ensuring the residents remain at least six feet or more from each other.
2. ****Residents who need assistance with feeding and eat in a common area should be spaced apart as much as possible, ideally six feet or more. Where it is not possible to have these residents six feet apart, no more than one resident who needs assistance with feeding may be seated at a table.

**Activities/Outings**

Activities are defined as therapeutic, social and/or recreational pursuit. Off-site activities also include personal errand activity to destination off-site from the residence.

Group is defined as any activity involving 2 or more residents (with or without staff accompaniment, facilitation, or supervision).

1. During PA’s **RED** Phase, no group activities are permitted.
2. No group activities are permitted in any zone that is cohorted **YELLOW** or **RED**