

Guidelines for New Admissions, Readmissions, and Residents who Leave the Facility

New Admissions and Readmissions

- New admissions and readmissions will be placed in a 14-day quarantine, even with a negative test upon admission. Unless one of the following exceptions are met:
 - The resident is within 3 months of a COVID-19 infection.
 - The resident is **fully vaccinated** as described by the Centers for Disease Control and Prevention (CDC).
 - **A resident is considered fully vaccinated 2 weeks after their second dose in a 2-dose series or 2 weeks after a single-dose vaccine.**
- If the resident is considered a close contact of someone with COVID-19, a 14-day quarantine will be required upon admission or readmission.

Residents who Leave the Facility

- Residents who leave Bethany Home will be reminded to follow all recommended infection control practices including the wearing of well-fitting masks, physical distancing, and hand hygiene and to encourage those around them to do the same.
 - Individuals accompanying residents will also be educated about these infection control practices and should assist the resident with adherence.
- For residents going to medical appointments, communication between the medical facility and Bethany Home (in both directions) will help identify residents with potential exposures or symptoms of COVID-19 before they enter or re-enter either facility so proper precautions can be implemented.
- In most circumstances, quarantine is not recommended for residents who leave Bethany Home for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with COVID-19.
- Bethany Home will consider quarantining residents who leave the building if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to the recommended infection control practices.
- Residents who leave Bethany Home for 24 hours or longer will be asked to follow the guidelines of a new admission or readmission as described above.
- Individuals who take residents on an outing for the day **must inform staff immediately of any potential COVID-19 exposure** during the outing and agree to screening for signs and symptoms of COVID-19 prior to scheduled outing.
- Outings may be scheduled with the charge nurse and Bethany Home staff will assist the resident to and from the car.

By signing this, I agree to abide by all the above guidelines:

Resident Signature: _____

Date: _____

Responsible Party Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Resident Outing Checklist-COVID-19

In order to enhance the safety and well-being of all we serve, all individuals taking a resident out of the facility are asked to complete the following document prior to the outing. These requirements are in place to demonstrate compliance with all federal and state regulations relating to the health and safety of those we serve during the COVID-19 pandemic.

Responsible Party Name: _____

Resident Name: _____

Screening Questions:

- 1.) Are you experiencing any signs or symptoms of COVID-19 or other respiratory infection? **YES** / NO
- 2.) Have you been exposed to anyone who has COVID-19 in the last 14 days? **YES** / NO
- 3.) Have you been exposed to a COVID-19 outbreak or a mass gathering in the last 14 days? **YES** / NO
- 4.) Do you have a fever or temperature above 100 degrees Fahrenheit? **YES** / NO
- 5.) Are you under quarantine or have you been advised to quarantine at this time? **YES** / NO
- 6.) If accompanied by a minor, do you agree to all guidelines on their behalf? YES / **NO** / NA
- 7.) Have you been vaccinated for COVID-19? (If yes, please provide copy of record) YES / NO
- 8.) Do you consent to screening for COVID-19 symptoms? YES / NO
- 9.) Would you like a COVID-19 test (if available) to verify the safety of your outing? YES / NO

By signing this, I agree to abide by all guidelines for a resident outing, and give consent for COVID-19 screening and for myself and any accompanying minor:

Responsible Party Signature: _____

Date: _____

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STAFF SECTION:

Staff Signature: _____

Date: _____

Responsible Party Temperature: _____ Below 100F? Y / **N** Vaccination Record Presented/Copied? Y/ N

Passed Screening: Y / **N**

COVID Test Administered? Y / N Result: **Positive** / Negative

Responsible party informed of all precautions and agreed to abide by them: Y / **N**

*****If Form has responses marked in red, ask family to reschedule for another date.**