



PREVENTING THE SPREAD OF COVID-19

In order to take immediate action to prevent and/or contain the spread of COVID-19, unless otherwise noted by local and state regulations, the following are guidelines Wickshire has put in place ensure the safety of residents and employees.

SCREENING VISITORS

Wickshire requires screening of all who enter the community for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status) via the attestation form and temperature logs. The below is also required:

- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face mask (covering mouth and nose) surgical grade or higher
- Social distancing at least six feet between persons

In the event non-essential visits are halted, the following are considered essential visitors and will be allowed inside of the community following the passing of screening:

- Home Healthcare Workers
- Hospice
- EMT
- Law Enforcement
- other official personnel i.e., State surveyors, etc.

INDOOR VISITATION

Communities should always allow indoor visitation for all residents (regardless of vaccination status.)

Wickshire communities will not limit the number of visitors that a resident can have.

During indoor visitation, Wickshire communities should limit visitor movement in the community.

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Visitors should not walk around different halls of the community or utilize common space restrooms. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, communities should attempt to enable in room visitation while adhering to the core principles of COVID-19 infection prevention. Physical distancing and source control recommendations when both the resident and all of their visitors are fully up to date: • While alone in the patient/resident's room or the designated visitation room, residents and their visitor(s) can choose to have close contact (including touch) and to not wear source control.

- Visitors should wear source control and physically distance from other healthcare personnel and other residents/visitors that are not part of their group at all other times while in the facility.

Physical distancing and source control recommendations when either the resident or any of their visitors are not fully up to date:

- The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the resident is fully up to date, they can choose to have close contact (including touch) with their not up to date visitor(s) while both continue to wear well-fitting source control.

INDOOR VISITATION DURING AN OUTBREAK

An outbreak exists when a new onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff) with two or more cases. When an outbreak of COVID-19 among residents or staff is identified, vendors, families, visitors, and prospective residents, etc., should all be made aware that the community is experiencing an outbreak at the current time. In all cases, visitors should be notified about the potential for COVID-19 exposure in the community (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of facecoverings.

COMPASSIONATE CARE VISITS

We note that compassionate care visits and visits required under federal disability rights law should be allowed at all times, for any resident (up to date or not up to date) regardless of the above scenarios. Lastly, communities should continue to consult with their state or local health departments when an outbreak is identified to ensure adherence to infection control precautions, and for recommendations to reduce the risk of COVID-19 transmission. While

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end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations.

EXAMPLES OF OTHER TYPES OF COMPASSIONATE CARE SITUATIONS INCLUDE, BUT ARE NOT LIMITED TO:

- A resident who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included. Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.

Lastly, visits should be conducted using social distancing; however, if during a compassionate care visit a visitor and facility identify a way to allow for personal contact, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time. Also, as noted above, if the resident is fully up to date, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.

OUTDOOR VISITS

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully up to date against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures,

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poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits.

For outdoor visits, Wickshire communities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to. Social distancing and masks are still required. *Fully up to date refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2- dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for up-to-date Persons.

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