RULES FOR ESSENTIAL CAREGIVERS DURING THE COVID-19 PANDEMIC

Recognizing the critical role family members and other outside caregivers (e.g., friends, volunteers, and private personal caregivers) often have in the care and support of residents, and pursuant to the New Jersey Department of Health (NJ DOH) Executive Directive No. 20-026, our community will permit outside Essential Caregivers to assist in the care of individual residents. An Essential Caregiver is an outside individual who was previously actively engaged with the resident or is committed to assisting and encouraging with activities of daily living and other care needs. The decision to designate an Essential Caregiver will be individualized and integrated with person-directed care planning.

Choice of Essential Caregivers

- 1) All residents may receive Essential Caregiver visitation, except for those residents in a 14-day quarantine period, positive for COVID-19, and have not yet met the criteria for the discontinuation of isolation.
- 2) Our team members must consult the resident or resident's representative (i.e., Power-of-Attorney) about the resident's wishes or best interests to determine whom to designate as the Essential Caregiver.
- 3) Those interested in serving as Essential Caregivers must complete the "Essential Caregiver Application." The Administrator, in collaboration with the Director of Nursing or Nurse Manager, will approve or deny the application to serve as an Essential Caregiver.
- 4) Both the resident and Essential Caregiver must sign the "Visit Rules," "Visitor/Essential Caregiver Acknowledgement, waiver and release", and "Essential Caregiver Agreement" prior to beginning the Essential Caregiver relationship.
- 5) Residents or residents' representatives may express a desire to designate more than one Essential Caregiver based on their past involvement and needs (e.g., more than one family member previously split time to provide care for the resident). In these unique situations, Team members will work cooperatively with the resident and family to work out a schedule to accommodate the Essential Caregivers. A resident may have no more than two (2) Essential Caregivers.
- 6) Essential Caregivers must be at least eighteen (18) years old.
- 7) Essential Caregivers must plan to visit residents at least once per week, absent exceptional circumstances or community prohibitions on entry.

Role of Essential Caregivers

- 8) Essential Caregivers will support and encourage residents with activities of daily living (ADLs) and have an essential purpose.
- 9) Essential Caregiver visitation is not solely to provide social visits.
- 10) Team members will hold a care conference and careplan the role of each Essential Caregiver.

Testing & Screening Essential Caregivers

11) For the safety and wellbeing of the residents and associates, we strongly recommend that Essential Caregivers demonstrate results of two negative COVID-19 tests before providing care to the residents: the first negative COVID-19 test should occur seven (7) days prior to the second test. The second test should occur no more than five (5) days prior to the visit to the community. The Essential Caregiver should thereafter continue to demonstrate negative COVID-19 tests on a weekly basis or two (2) negative COVID-19 tests prior to returning to provide care within the community.

12) Essential Caregivers can undergo COVID-19 testing through their own healthcare

providers by telling the provider that you care for an aging individual.

13) Essential Caregivers will always be screened prior to being allowed access into the community. Screenings shall include temperature checks, questioning on symptoms and diagnosis of disease (including COVID-19), and questioning on travel and interaction with those with COVID-19 and suspected of having COVID-19.

14) For the safety and wellbeing of the residents and associates, Team members strongly recommend that Essential Caregivers provide proof of having received a flu vaccination

to the Administrator by November 1, 2020.

15) We request that for the safety of all our residents and staff that Essential Caregivers notify the Administrator immediately upon the notice that they or a family member has a COVID-positive test or that they have developed any symptoms.

Essential Caregiver Visitation Details

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16) Essential Caregiver visits will be scheduled in advance with the community for both Skilled Nursing and Assisted Living. Essential Caregivers may visit during the following hours: M-F, 9a-2p, and Sa-Su, 10a - 2p. To reduce congestion during the screening process, Essential Caregivers may not enter the community during the changes of shift.

17) The amount of time that Essential Caregiver may visit will be determined by the Phase of Opening. When the community is in the Red Zone (Phase 0 pursuant to NJ DOH guidance), a resident may have Essential Caregiver care one (1) visit per week for a

maximum of two (2) hours (per visit).

18) When the community is in the Orange Zone or Yellow Zone (Phase 1 or Phase 2, respectively, pursuant to NJ DOH guidance), a resident may have Essential Caregiver care for two (2) visits per week for a maximum of two (2) hours (per visit).

19) When the community is in the Green Zone (Phase 3 pursuant to NJ DOH

guidance), regular visitation will resume.

20) Assisted Living residents must receive care from their Essential Caregivers in their own apartments. Skilled Nursing residents must also receive care from their Essential Caregivers in their own rooms provided that they are in their own room. If the room is double occupancy than a visitation room will be designated and the Essential Caregiver will be notified of the location.

21) Essential Caregivers must remain in their assigned areas for the duration of their visits with a mask that completely covers their face and nose.

22) Essential Caregivers must engage in hand hygiene and social distancing from others besides the resident while in the community. Any items brought into the community must be given to the nurse manager for disinfecting and quarantine.

- 23) The Essential Caregiver must maintain social distancing of at least 6 feet with team members and other residents while in the community.
- 24) Team members may stop any Essential Caregiver visit or visits if it is believed that the visit or visits are not in the best interests of the resident or community.
- 25) Essential Caregivers must sign in and sign out of the community at the designated area for entrance.

Personal Protective Equipment (PPE)

- 26) The Essential Caregiver must always wear proper Personal Protective Equipment (PPE) while in the community. Depending on the NJ DOH Phase, this PPE could include a mask, face shield, and isolation gown. Essential Caregivers must always wear masks while in the community with both the nose and mouth covered at all times.
- 27) Essential caregivers must provide their own PPE. Masks should not have a vent, unless using certified health quality ventilated masks.
- 28) Essential Caregivers must watch the Centers for Disease Control and Prevention (CDC) video on donning and doffing PPE (available at https://www.youtube.com/watch?v=1xy00pLT9M4&feature=youtu.be) and sign an attestation that they have watched same. (See Visitor/Essential Caregiver acknowledgment, waiver and release.)

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ESSENTIAL CAREGIVER APPLICATION

Resident Name:	Resident Room Numb	er:
Essential Caregiver Name:	Date Application Sub-	mitted:
Essential Caregiver Phone	and Email:	
volunteers, and private personal pursuant to the New Jersey Dep the community will permit out residents. The Essential Cares	family members and other outside care caregivers) often have in the care and suppartment of Health (NJ DOH) Executive I tside Essential Caregivers to assist in the giver must meet the criteria established to be advised that the community is not established.	oport of residents, and Directive No. 20-026 e care of individual by the DOH and be
9	se explain how you will support and enco DLs) or other care needs and have an es	
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care to the resident: the first no the second test. The second test the community. The Essential	ate results of two negative COVID-19 test egative COVID-19 test should occur sevent should occur no more than five (5) days. Caregiver should thereafter continue to weekly basis or two (2) negative COVID-in the community.	n (7) days prior to s prior to the visit to demonstrate
Essential Caregivers can undergo	o COVID-19 testing through their own heal	thcare providers.
	hat Essential Caregivers provide proof or taff members by November 1, 2020.	f having received a
Please return this Application	to the community's Executive Director.	
Essential Caregiver Applicant	Essential Caregiver Applicant	Dated
Printed Name	Signature	
Circle one: APPROVED / DEN	NIED (Does not meet criteria)	
Administrator Printed Name	Administrator Director Signature	Dated
Oper-Admin-Serv-45a		

COVID-19: VISITOR/ESSENTIAL CAREGIVER ACKNOWLEDGMENT, WAIVER AND RELEASE

The novel coronavirus ("COVID-19), declared a pandemic by the World Health Organization (WHO) on March 11, 2020, has infected millions of individuals both in the United States and across the globe. While much about COVID-19 is unknown, the WHO and the Centers for Disease Control (CDC) believe that COVID-19 is *primarily* spread from person to person through respiratory droplets when an individual comes into close contact (within 6 feet or less) for a period of time with someone who has the virus. You also may be able to become infected by touching a surface or object that has the virus on it, and then using that same hand to touch your mouth, nose or eyes.

At this time, there is no vaccine available to protect against COVID-19. The best way to protect yourself and others from COVID-19 is to avoid being exposed to the virus. To that end, our community is requiring that all essential caregivers and/or permitted visitors to its property complete the following acknowledge, waiver and release in order to enter the building(s).

- 1. I, ______, am over the age of eighteen (18) and am competent to execute this Waiver and Release.
- 2. By signing below, I represent that I am not currently experiencing (nor have I experienced in the last three days) any of the symptoms listed by the CDC for COVID-19, including, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea. If I do develop symptoms, I will notify the community immediately.
- 3. By signing below, I represent that I have not been in close contact (within 6 feet), for a prolonged period of time (15 minutes or more) in the last 14 days, with a person diagnosed with or has tested positive for COVID-19 (including those with a COVID-19 test result pending). If anyone in my household or with whom I have close contact comes in contact with the virus within 14 days, I will notify the Administrator immediately.
- 4. I understand that our community will never be able to completely eliminate the risk that COVID-19 may be present at its location(s) and therefore, I understand that by entering the community property, I may be exposing myself to and/or increasing the risk of contracting COVID-19 or I may transmit the virus to those I come in contact if I am carrying the virus; however, I am voluntarily and knowingly assuming the risk of contracting COVID-19 and/or transmitting the virus to the person I am visiting, and these risk are arising out of my presence at the community property.
- 5. I understand that given the nature and manner in which COVID-19 is transmitted, as well as its presence in the communities in which Community property is located, the community must protect itself from liability for personal injuries and illnesses sustained or contracted, by any person entering its buildings.
- 6. I acknowledge that I have received notice of the Rules for Visitation and/or the Rules for Essential Caregivers during the COVID-19 Pandemic, as well as information on handwashing and PPE requirements. I have also been provided with the website for the CDC training on PPE, Donning and Doffing and that I have watched this video.

COVID-19: VISITOR/ESSENTIAL CAREGIVER ACKNOWLEDGMENT, WAIVER AND RELEASE

- 7. I WAIVE ANY AND ALL CLAIMS, DEMANDS, COMPLAINTS, ALLEGATIONS, AVERMENTS AND OTHER DISPUTES I OR MY AGENTS, SERVANTS, HEIRS, ASSIGNS, REPRESENTATIVES OR SUCCESSORS MAY HAVE OR MAY IN THE FUTURE HAVE IN CONNECTION WITH THE EXPOSURE, INFECTION AND/OR SPREAD OF COVID-19 IN ANY WAY ARISING FROM MY PRESENSE ON THE COMMUNITY PROPERTY, INCLUDING BUT NOT LIMITED TO ALL ACTS, OMISSIONS OR NEGLIGENCE OF COMMUNITY, TOGETHER WITH ITS OFFICERS, DIRECTORS, EMPLOYEES, SHAREHOLDERS, THEIR RESPECTIVE AGENTS, INSURERS, HEIRS, SUCCESSORS, ATTORNEYS, CORPORATE AFFILIATES AND PREDECESSORS (COLLECTIVELY REFERRED TO AS "[COMMUNITY] RELEASED PARTIES").
- 8. FURTHERMORE, I RELEASE THE COMMUNITY, RELEASED PARTIES FROM ANY AND ALL CLAIMS, DISPUTES, CAUSES OF ACTION, DEMANDS, COMPLAINTS, ALLEGATIONS, DEBTS, JUDGMENTS, ARBITRATIONS, LAWSUITS OR FORMS OF MEDIATION IN ANY WAY ARISING FROM MY PRESENSE ON COMMUNITY'S PROPERTY, EVEN FOR AND WHETHER OR NOT DUE IN WHOLE OR IN PART TO ANY ACTS, OMISSIONS, NEGLIGENCE, STRICT LIABILITY OR OTHER LIABILITY PRODUCING CONDUCT ON THE PART OF COMMUNITY RELEASED PARTIES.
- 9. It is my intention in signing this Waiver and Release to give up forever any and all claims against Community Released Parties for any reason relating to exposure, infection and/or spread of COVID-19.
- 10. I have signed this Waiver and Release with the full and complete understanding that I do so knowingly and voluntarily.
- 11. By visiting Community's property, I agree to abide by any and all infectious disease risk mitigation efforts of community, including wearing a mask or cloth face covering at all times and maintaining social distancing wherever feasible.
- 12. I further attest that I have received information on the transmission of COVID-19 and that I have watched the Centers for Disease Control and Prevention(CDC) video on donning and doffing PPE (available at https://www.youtube.com/watch?v=1xy00pLT9M4&feature=youtu.be

Date	Signature	
	Printed Name	_