

ASSISTED LIVING RESIDENTS, FAMILIES & FRIENDS

Frequently Asked Questions

What are the Symptoms of COVID-19?

- People with COVID-19 have experienced mild to severe respiratory illness.
- People with these symptoms or combinations of symptoms may have COVID-19:
 - Cough, Shortness of breath or difficulty breathing OR;
 - At least two of these symptoms: Fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.
 - Note: In the elderly population there may be unusual or differing symptoms.
- Symptoms may appear 2-14 days after exposure to the virus.

What happens if a resident is suspected of having COVID-19?

- The resident will be asked to remain in his/her private apartment and instructed to keep the door closed.
- Resident will be placed on temporary isolation status.
- Independent living residents will be required to self-isolate.
- For Assisted Living and Memory Care Residents
 - Only designated Health Services staff will enter the apartment.
When entering the apartment, designated staff are required to wear appropriate Personal Protective Equipment (PPE) — a gown, gloves, mask and eye protection.
 - The resident's primary care physician is contacted.
 - The resident's family is contacted.
 - The resident will be asked for on any potential exposure history.
 - Nursing staff will request that the physician make a clinical assessment in accordance with CDC guidelines for "Evaluating and Reporting Persons Under Investigation (PUI)" to determine whether the resident meets the criteria for evaluation for COVID-19.

What is the difference between the words ISOLATION and QUARANTINE?

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

- **Isolation** separates sick people with a contagious disease from people who are not sick.
- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

When symptoms of COVID-19 occur or when COVID-19 is confirmed, are residents transferred to an acute care hospital or may they stay in their private apartment?

Since transfers/admissions to acute care hospitals are limited at this time due to capacity and to the current risk, the community nurse on duty will:

- Contact the resident's physician to discuss the specific situation and health status.
- Discuss with the resident's physician whether it is best to send a resident to the hospital versus diagnosing and treating within the assisted living environment.
- Work closely with the hospital to determine whether the transfer is advisable.

What happens when it is decided that a resident with suspected or confirmed COVID-19 will remain in the community?

- They are immediately placed in isolation.
- A sign is placed on the door to alert all who might enter.
- Designated staff are assigned to care for the resident(s) if suspected or confirmed to have COVID-19. This helps to prevent exposure to other residents.
- Designated staff are specially trained to don and doff Personal Protective Equipment when entering and exiting the isolation room.

What are the current Indiana State Department of Health Testing Criteria?

- Priority should be given to individuals who are symptomatic for COVID-19
- Priority should be given to close contacts of confirmed COVID-19 positive patients when it is imperative that the contact continues to work and/or have close contact with at risk populations.
- Providers who are using private or commercial labs for COVID-19 testing may test patients when they feel it is clinically indicated.
- Testing patients with symptoms compatible with COVID-19 helps in the detection of cases and allows for appropriate recommendations to be made regarding self-isolation of infectious individuals and self-quarantine for their close contacts.
- *Note: Testing requirements across the state vary by community.*

What about staff testing?

There has been much debate and controversy, especially in the Carmel area, regarding testing staff with no symptoms. Previously, it was not recommended by the state due to the shortage of tests. Recently, the ISDH stated that senior living providers who are using private or commercial labs for COVID-19 testing, may consider testing Healthcare workers who treat vulnerable populations. Also, Eli Lilly will test Healthcare workers with or without symptoms at their testing site.

In cooperation with our Medical Director, Justus has been researching staff testing, labs and working with our Nurse Practitioner service to outline and implement staff testing. We are currently finalizing the details and plan to concentrate our testing efforts on Health Services and any other staff who might have direct contact with residents. This will be implemented soon.

Caring for you and/or your family member is a privilege and a responsibility we do not take lightly. Please help us to continue to observe the precautionary measures. Stay safe and healthy.

Sincerely,

Justus Leadership