COVID 19 Risk Mitigation Education

(Complete prior to Resident's departure for outing)

Resident's Name: ________________All Outings:

It is critical that you and The Garden Resident comply with the following strategies to mitigate you and your loved ones' risk of exposure to COVID 19:

- **Wear a properly fitted mask over your nose** and mouth at all times when interacting with others and with each other.
- **Follow good hand hygiene practices**- such as washing hands frequently with soap and water for at least 20 seconds or using hand sanitizer with at least 60% alcohol.
- **Social distance by keeping 6 feet (about 2 arm lengths) from others** is especially important for people who are at higher risk of getting very sick.
- **Upon return to The Garden, you and the Resident will sign-in to acknowledge return to the community and be screened and complete a risk assessment.**

Non-Medical Outings:

- Travel by train, bus, plane is not recommended due to exposure to other travelers.
- Participation in large group activities is not recommended.
- Refrain from indoor activities when possible which may expose you or your loved one to others.
- Refrain from out of state travel.
- Eating / drinking are recommended only outdoors, socially distanced and with those fully vaccinated.

Transportation for Medical Visits:

- Upon arrival to and departure from the medical visit, follow good hand hygiene practices- washing hands frequently with soap and water for at least 20 seconds or using hand sanitizer with at least 60% alcohol. Avoid touching surfaces.
- Travel directly to the medical visit and directly back to The Garden. **Please do not make additional stops or visits as that increases risk of exposure.**

It is imperative that you and your loved one follow these strategies. Everyone must do their part to prevent the spread of COVID 19 in our senior community. **Please see the nurse upon return from the facility for completion of the risk assessment on the back of this page.**

Thank you.

The Garden Administration Team

Date: ______________________ Anticipated Date and Time of Return: ____

Signature of Responsible Party Accompanying Resident: ____

Facility release from responsibility for Resident leave of absence: I hereby accept responsibility for the above named resident of The Garden at Pine Run Health Center while the resident is away from the facility and absolve the management of Pine Run, its associates and the attending physician of responsibility for any deterioration in condition or accident that may occur during the time away from The Garden. Please notify the nurse supervisor upon leaving and return to the facility. I acknowledge the importance of the above strategies to mitigate the risk of COVID-19 exposure.

Signature of Resident as able: ____

COVID 19 Risk Mitigation Assessment:

(Complete upon Resident's return from outing)

Resident's Name: _______________All Outings:

It is critical that The Garden assess the Resident's and responsible party compliance with the following strategies to mitigate your loved ones' risk of exposure to COVID 19 and prevent spread of possible COVID-19 in our community. The nurse supervisor will ask you the following questions upon your return:

To your knowledge, did the resident have close contact with ANY person that may have COVID-19 infection or symptoms of COVID-19 infection? Yes or No

Resident is vaccinated? Yes or No

Duration of outing: ___________________ (such as hours/minutes/days)

Destination/County of outing: __________________________________

Go to: https://www.health.pa.gov/topics/disease/coronavirus/Pages/Monitoring-Dashboard.aspx

Current Positivity Rate of that county: ____________________________

0-4.9% Low, 5-9.9% Moderate, 10% and higher – Substantial activity HIGH RISK

Masking:

The resident was fully masked: ALWAYS USUALLY OFTEN NOT

Those around the resident were fully masked: ALWAYS USUALLY OFTEN NOT

For social outings:

Social Distancing: *(*e.g., physical distancing occurred except for hugging, or when riding in vehicle).*

The resident and those around them socially distanced: ALWAYS* USUALLY* OFTEN NOT

ALL others that were with resident are fully vaccinated? Yes or No

Food and/or drink were consumed without distancing? Yes or No

Food and/or drink were consumed indoors? Yes or No

Nurse supervisor will notify DRC and Administrator of any questions answered in red.

If the facility does not have a clear understanding of whether these failures of prevention measures have occurred, we will review the circumstances and will consider testing and/or quarantine out of an abundance of caution.

Date: ____________________ **Signature of Nurse:** ____

Signature of Responsible Party Accompanying Resident: ____

Signature of Resident as able: ____