



Admission/Readmission Protocol for COVID-19

Purpose

Precautions to reduce the spread of COVID-19 and protect residents should be balanced against residents' need for socialization leading to reduced risk of depression, anxiety and overall improvement in the resident's well-being. Admission/Readmission protocol is intended to comply with state, federal and local licensing authorities, including guidance from the Centers for Disease Control and Prevention (CDC). Century Park Associates also has to weigh out risk and best practices based on the vulnerable population we serve.

Scope

The following are resident categories for admission or readmission from hospital/skilled nursing/rehabilitation discharges or admissions from the community to Century Park Assisted Living or Independent Living communities:

Category 1 – Fully Vaccinated Residents

Refers to a resident who is two weeks following receipt of his or her final dose COVID-19 vaccine. Residents who are **fully vaccinated** and being admitted to our Century Park communities **do not** have to quarantine. Newly admitted Assisted Living residents will be asked take part in the surveillance testing for two weeks following admission.

Category 2 – Unvaccinated Residents

Refers to a resident who is **not vaccinated or is partially vaccinated**. Residents who are unvaccinated or partially vaccinated admitted to a Century Park community will be placed on Standard Contact and Droplet Precautions for 14 days.

Category 3 - COVID-Recovered

Refers to residents who are **less than 90 days** from a positive test or onset of COVID-19. These residents should be placed on Standard Contact and Droplet Precautions for 10 days following admission/readmission.

Definitions:

Standard Contact & Droplet Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Elements of Standard Precautions recommended during the COVID-19 epidemic include masking the patient and placing in an individual room for source control, hand hygiene, and the use of PPE whenever there is an expectation of exposure to infectious material (gown, gloves, facemask, and eye protection).