

HSL Senior Living Communities
Approach and Guiding Principles for Return to New Normal
May 2020

I. Background

Hebrew SeniorLife senior living communities have been operating in quarantine status since the end of March / beginning of April (rolling shelter-in-place between 3/26/20 and 4/3/20). Residents of both independent living and assisted living communities have been excellent partners by remaining in their homes with limited to no activity off-campus and even within buildings. Staff across all sites completely converted operations to support quarantine living including: the shutdown of all common areas and in-person programs; delivery of groceries, meals, and items brought in from family; restrictions on visitors; conversion of health care services (i.e. medical practices or counseling) to telehealth, limitation and consolidation of aide services; alternative options for laundry, trash, and other services; facilitation of obtaining any other necessities to eliminate the need for travel offsite (e.g. medication delivery); routine wellness calls; and reduction of onsite staff wherever possible.

As we work to resume some level of new normalcy, the following outlines the approach and guiding principles we intend to follow.

II. Follow Federal, State and Local Leads and Trends

As Governor Baker announces plans for the re-opening of Massachusetts, we will ensure that our plans for lifting components of our quarantine are consistent with the state's guidelines. We will have a phased approach and modify accordingly for the vulnerable population we serve, potentially lagging behind the state's schedule. The plan currently calls for those over the age of 65 or with underlying health conditions to continue to stay home except for essential errands and health care needs.

We will pay special attention to the status of COVID-19 activity in the cities and towns where our sites are located and those that are home to many of our staff. Additionally, we will continue to take guidance from the CDC as well as the local boards and state department of public health.

Consistent with the state plan, we will modify our actions should there be new confirmed cases of COVID-19 in any of our buildings. We will also modify our actions if there is evidence of risky behaviors that are not consistent with guiding principles.

III. Foundational Pillars to Re-opening

Our plan supports adherence to the following key elements for safe and successful opening:

- a) Hygiene: promote frequent handwashing, supply easily accessible hand sanitizer, remind residents and staff to hand wash every time they enter or exit a group environment or pass through common areas, and enhance disinfecting protocols.

- b) Screening: continue to screen staff, residents, and anyone coming onsite for possible exposure and symptoms. Continue to enhance tools used to accomplish this.
- c) Distancing: create opportunities for movement and socialization that allow for at least six feet of distance, low density activity, and use of outdoor space as often as possible.
- d) Masks: ensure that staff and residents have and use appropriate face coverings.
- e) Culture: create a culture of accountability, ownership, and willingness to self-correct. Empower everyone in the community to take actions that support successful re-opening.
- f) Education: ongoing education regarding infection control and mask use.

The ability to effectively and routinely test and contact trace is important as activity on and off our campuses resumes. Multiple approaches to regular testing for staff and residents are being investigated, including advocacy with the state to support this in independent living communities. Effective testing and tracing will inform the timing of our phasing decisions, allow us to modify our plans as needed, and to isolate and support individuals requiring care and/or who may be an infection risk to others.

IV. Approach to Phasing and Opening

Our first focus is to create safe and effective ways for residents to get out of individual apartments and resume physical and social activity, as these are critical to overall health and wellbeing.

As we do this, we will seek to:

- minimize the number of exposures between residents, and between residents and staff;
- continue to limit exposures to and from outside of the community when possible;
- limit and consolidate the varying agencies and utilization of private caregivers for essential visits only, consistent with the living environment;
- minimize congregating and lingering in common areas;
- add back activities and amenities with low risk both individually and cumulatively; and,
- utilize outdoor space when possible.

While we recognize the importance of getting back to some sense of normal, it is critical that we continue to be vigilant, thoughtful, and methodical. Each component of the operation has been assigned a score based on infection and illness risk. Our risk mitigation plan suggests if the level of risk can be reduced to a limit deemed acceptable, that component may be added back under revised protocols.

We will continue to provide the tools for success in reducing risk, including; continuing certain services that limit exposure, implementing new protocols to reduce risk, and providing education and resources around infection control. Our request of residents is for them to recognize that they are safer at home and that every risk they take individually is a risk to the entire community. Everyone (staff and residents) needs to take individual responsibility for actions when off campus, understanding that their decisions impact everyone living and working here.

In addition to resident areas and programming, we are simultaneously working on the safe re-entry of our remote workforce. We will continue to have a number of staff members working remotely for the foreseeable future, with certain individuals coming onsite only as needed.

V. Phasing Framework (specific items may vary by community)

First (movement through campus)	Next (cautious integration w/ outside)	Later (groups and further integration)
Walking – inside / outside	Beauty salon	Dining room service
Gardening	Fitness centers	Trips off campus
Mail, laundry, trash (self)	Bank	Expanded programming
Outside medical appts	Library	In-unit housekeeping (routine)
Window visits	Limited visitors	Outpatient rehab
Move outs, turnovers, ins	Small group dining	Common areas
Driving / accessing vehicles	Small group indoor programs	
Small group outdoor programs	Medical practice	
Therapy Housecalls	Onsite grocery (self)	