

## Reopening Group Activities

### Policy & Procedure

#### Policy:

It is the policy of this center to follow CDC and CMS guidelines regarding reopening and group activities.

#### Procedure:

1. The center will provide outdoor entertainment and activities on the grounds of the facility when deemed appropriate by state and local health departments.
2. Personal protective equipment will be provided to each resident and staff member participating in group, outdoor activities
3. High touch surfaces will be disinfected per CDC guidelines prior to scheduled activities and immediately post-activity.
4. Activities may be postponed/canceled in the event staffing is not adequate to meet CDC guidelines during group activities
5. Residents in isolation for suspected or confirmed COVID-19 status are not permitted to participate in group activities, rather will continue to be provided with 1:1/individual activities.
6. Each resident will maintain social distancing of 6 feet throughout each activity.
7. Residents unable to maintain social distancing of 6 feet will be provided with individual activities.
8. Residents will not be transported through areas where COVID-19 positive or suspected residents are located.
9. Residents will perform hand hygiene before and at the conclusion of each activity.
10. Face masks will be removed and stored/discarded per facility policy upon return to resident rooms.
11. Attendance sheets will be maintained for each group activity including the name of each resident in attendance, names of each staff member assisting with the activity, the date, time and location of the activity.
12. Residents or staff who develop signs and symptoms of COVID-19 within 14 days after attending a group activity will notify the Director of Nursing or designee.
13. In the event a positive case is identified, all individuals participating in the group activity, including staff, will be assessed for the level of exposure and staff will follow guidance from the Medical Director.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

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*This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.*

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I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review Dates: \_\_\_\_\_

SAMPLE