**Group Activities**

**Policy & Procedure**

**Activities during COVID-19 Policy and Procedure**

**Policy**

Activities programming which is based upon resident assessment and interests is provided during the COVID-19. Alterations are made in programming within the facility during COVID-19 outbreaks and to meet the facility’s COVID-19 prevention protocols and local, state, and federal guidelines. Community based events such as sport event, cultural event, or other trips are delayed or eliminated until the transmission risk is eliminated consistent with State and Federal Guidance and COVID-19 Infection Prevention guidelines.

**DEFINITIONS:**

* **“Personal protective equipment (PPE):** protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission.”1
* **“Standard Precautions”:** infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Furthermore, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents.”1

**Procedure**

1. The Activities Professional collaborates with the Infection Preventionist and others to identify methods and practice guidelines needed to ensure ongoing resident participation in independent, in-room, and small-group programming or recreational activities of interest during the pandemic continue.

a. All staff educational needs are identified surrounding programming which may be provided by non-Activity staff easily with the resident in their room or in small groups

b. Education regarding proper methods to be used for pre and post programming disinfection and sanitation is identified, and all staff re-educated in skill performance

2. Resident assessments are reviewed, and residents interviewed to discuss activity interests and determine alternatives to be made to enable residents to continue to enjoy desired programs. (Example: Room Bingo in which residents remain in their doorways to play and staff assist them in hearing the numbers as called)

3. All staff follow Core COVID-19 Infection Prevention and facility COVID-19 protocols while providing resident programming and demonstrate competency:

* PPE use,
* Hand hygiene,
* Physical/social distancing,
* Cleaning and disinfection
* Standard and transmission-based precautions

4. Staff assist residents to follow infection prevention guidelines.

* Residents are to wear facial coverings that cover their nose and mouth when staff in room and when out of room for activities
* Resident will maintain a six-foot physical/social distance from others
* Staff encourage residents to perform hand hygiene frequently and before/after meals, bathroom, and attendance in activity programming.

**References and Resources**

* Centers for Disease Control and Prevention “Infection Control Guidance for Health Care Professionals about Coronavirus (COVID-19)”, June 3, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>
* Centers for Disease Control and Prevention “Preparing for COVID-19 in Nursing Homes” June 25, 2020**.** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#core-practices>
* Centers for Disease Control and Prevention. “State Based HAI Prevention Activities”; <https://www.cdc.gov/hai/state-based/index.html>
* Centers for Disease Control and Prevention. “Using Personal Protective Equipment (PPE). Updated Aug. 19, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
* Centers for Medicare & Medicaid Services. “Interim final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool”; August 26, 2020; CMS QSO Memo 20-38-NH; <https://www.cms.gov/files/document/qso20-38-NH.pdf>
* Centers for Medicare & Medicaid Services. “Nursing Home Five Star Quality Rating System update, Nursing Home Staff Counts, Frequently Asked Questions” (revised); April 24, 2020 CMS QSO 20-28-nh; <https://www.cms.gov/files/document/qso-20-28-nh.pdf>
* Centers for Medicare & Medicaid Services. “Nursing Home Reopening Guidelines for States and Local Officials”; May 18, 2020, Revised 09/28/2020; QSO- 20-30-NH; <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>
* Centers for Medicare and Medicaid Services. “Nursing Home Visitation-COVID-19”; September 17, 2020; https//: [www.cms.gov/files/document/qso-20-39-NH.pdf](http://www.cms.gov/files/document/qso-20-39-NH.pdf)
* 1Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP- Guidance to Surveyors for Long Term Care Facilities (Rev, 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

* Centers for Medicare & Medicaid Services; Survey Critical Element Pathway-20065- Activities. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>
* Centers for Medicare & Medicaid Services. Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes. November 2020, Version 13: <https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf>
* United States Department of health & Human Services. Public Health Emergency. HPP in Your State: <https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>