

LONG TERM CARE UNIT
LEAVE OF ABSENCE (LOA) PLAN
DURING A PANDEMIC

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This Plan summarizes information to be provided and steps taken upon a request for a leave of absence (LOA) from the facility.

A. Resident/Responsible Party Information and Requirements - Communicated the following to the resident/responsible party prior to LOA and document such in the EMR.

1. Inform the resident/responsible party about the risk of leaving the facility during a pandemic and what alternative virtual communication options are available.
2. If the resident/responsible party elects a LOA, for the safety of other residents and staff, inform the resident/responsible party of the following requirements:
 - a. The resident/responsible party must follow the recommended infection prevention and control measures while outside of the facility:
 - i. Limiting close contact with others (maintaining physical distance of 6 feet or more), avoid large gatherings, keep gatherings as small as possible, and the use of technology to engage with others remotely;
 - ii. Wear facemask or cloth face covering to the extent possible;
 - iii. Perform frequent hand hygiene and;
 - iv. Avoid sharing communal food or drink.
3. Inform the resident/responsible party that the following must take place just prior to and on return to the facility:
 - a. Quarantine or minimize contact to the extent safely possible prior to the resident's return to the facility;
 - b. Test negative immediately (within 24 hours) prior to the resident's return to the facility and present the facility with the test results;
 - c. Upon return to the facility the resident may be cohorted with other returning residents;
 - d. Upon return to the facility the resident will be quarantined on transmission-based precautions for 14 days and;
 - e. The resident will be tested at least 3 times during the 14 day quarantine period at the facility, including the first day (upon return) and the last day that the resident is quarantined.
4. Require the resident and/or responsible party to attest in writing that they (attachment):
 - a. Are aware of the risks involved with taking the resident out of the facility;

- b. Will follow masking, social distancing, and hand hygiene practices pursuant to CDC and DOH directives;
- c. Will notify the facility if the resident becomes ill within one week of leaving the facility;
- d. Will notify the facility if anyone with whom the resident socialized tests positive for COVID-19 or influenza or exhibits symptoms of COVID-19 and influenza within 14 days of the resident's return to the facility;
- e. Will communicate with the facility about a return date for the resident in accordance with the facility's policy; and
- f. Will quarantine or minimize contact (or assist the resident to do so) to the extent safely possible prior to return to the facility.

B. Upon Resident Return to Facility the Following Shall Occur:

- 1. To the extent possible cohort returning residents.
- 2. Screen and increase monitoring for signs and symptoms of illness upon resident return.
 - a. Resident or responsible party submission of proof of a negative test taken within 24 hours prior to return to the facility;
 - b. Question the resident and/or responsible party if they quarantined or minimized contact to the extent possible prior to their return to the facility;
 - c. Place the resident on transmission-based precautions for 14 days and;
 - d. Test the resident at least 3 times during the 14 day quarantine period at the facility, including the first day (upon return) and the last day that a resident is quarantined.
- 3. Test the resident for COVID-19 and influenza if the resident develops sign or symptoms of COVID-19 or influenza or if the resident had a confirmed or possible exposure to COVID-19 or influenza while outside the facility.

Resident Name: _____ Room #: _____

The Steven and Alexandra Cohen Pediatric LTC Pavilion

Leave of Absence Acknowledgement During a Pandemic

- I have been informed by the facility staff of the risks involved with taking the resident out on pass;
- Masking, social distancing, and hand hygiene practices will be followed pursuant to CDC and DOH directives;
- I will notify the facility if the resident becomes ill after leaving the facility;
- I will notify the facility if anyone with whom the resident socialized tests positive for COVID-19 or influenza or exhibits symptoms of COVID-19 and influenza within 14 days of the resident’s return to the facility;
- I will communicate with the facility about a return date for the resident;
- I will assist the resident in quarantining or minimize contact with others to the extent safely possible prior to return to the facility.
- I will provide the facility with a copy of a COVID-19 diagnostic test taken within the proceeding 24 hours prior to returning to the facility. I understand the COVID-19 diagnostic test must be negative prior to returning to the facility;
- I have been informed that on return to the facility the resident may be cohorted with other returning residents;
- The resident will be quarantined on transmission based precautions upon return to the facility for 14 days and;
- The resident shall be tested for COVID-19 at least three times during the 14 day quarantine period.

By signing below, I acknowledge that I have been informed of the risk involved and fully understand the recommended requirements during and after a leave of absence. I have been given the opportunity to ask questions and have my questions answered.

Date: _____ Time: _____

Signature of resident or responsible party: _____

Print name of resident or responsible party: _____

Address of responsible party: _____

Telephone number of responsible party: _____

Staff witness: _____ Title: _____