



May 29, 2020

Dear Birch Hill, RiverWoods Exeter and RiverWoods Durham residents,

Attached is a listing of Frequently Asked Questions (FAQ) regarding our policy adjustments starting next week. To be fair, some of these aren't really "frequently asked," but we tried to answer everything we were asked.

We will use our experience and the regional experience (new case counts / recovered cases) as well as the opportunity for reliable rapid testing to guide our judgement on future changes.

The changes that begin to go into place next week will be our standard at least through June 30. At the end of June we will assess and adjust if appropriate. Next week we will put out an interesting listing of all that we changed in the "closing things down" process and then what we have opened back up internally.

Hang in there with us. Science will catch up. Many positive changes have been made already – more will come.

Stay healthy my friends.

A handwritten signature in black ink that reads "Justine Vogel".

Justine Vogel
TRWG CEO

- **Why can the staff utilize the NH opening guidelines and we can't?**

We have been clear that our RiverWoods / Birch Hill "opening" will lag the state, for a few reasons:

- You are the highest risk population
- You live in a densely populated building, where transmission is a greater risk
- The state is opening for economic reasons, not health reasons
- Anything we can do to delay risk gives science a bit more time to catch up, and provide us with access to reliable rapid testing and the potential for a vaccine.

Additionally, we strongly encourage our staff to curtail any kind of social activity. While we cannot legislate their actions, we will use all our influence to keep their external activity to a minimum.

- **We keep reading articles that being outside is better – why can't we be outside visiting friends, family, playing golf, or taking a hike without coming back and having to quarantine?**

One risk that we have, with no positive cases in Durham and Exeter, is the potential to forget just how quickly an outbreak can occur in an area, or in any specific location. Outdoor activity is great, but golf, like other outdoor activity, is likely to put you in a situation where you are around other people who do not live at your community. Even if your golf course has strict guidelines in place, we already know of a positive case at a local golf course within the first week they opened up.

Over the past three months we have come to think of your neighboring residents as a "family unit," which allows for more flexibility inside our buildings. As we open up and people are out in the external community more, the internal risks grow. Combining quarantining and testing (to shorten the quarantine period) is the best way we can currently come up with to find the right balance of risk and quality of life.

This isn't forever, but it is a first step. We will continue to monitor case counts and adjust as appropriate (looser or tighter) as the data becomes available. For

now, any travel to the city of Manchester or into Massachusetts is just a bad idea.

- **Can't we get screened in every day like you're doing with your staff? What's the difference?**

For our staff, because it is the only thing we have readily available, we use screening as a "first line of defense," and generally a contact tracing type mechanism. The staff screening allows us a consistent way of tracking and it gives us a methodology, but it isn't "testing." It does not tell us if they were exposed within the past hour or two – only that they had been exposed at some point and were now developing symptoms. That isn't helpful if you, as a resident, were to go out for a few hours and be exposed. You wouldn't exhibit symptoms automatically, and we would therefore not know of the issue.

- **When do you think rapid testing will be available? Is it a money factor? Do we not have enough to pay for this? We bet residents would pay for this.**

Rapid testing is currently available, but the test kits that go with the testing machines are not, and the accuracy of the testing is currently too low for reliability. It is our expectation in the coming months, antigen testing will be reasonably priced, and that the tests will get tuned in to be more accurate. We don't think cost will be an issue, but access may initially be. We are just guessing on the "when" this testing will be more readily available (early fall) but there is a financial incentive for companies to get these to market. There will definitely be strong demand. You should know that we are watching the developments of these testing options very closely and will use all of our contacts and resources to acquire rapid testing machines when they do become more commercially viable.

- **How can we, with confidence, explain why the employees are not quarantining for any reason other than travel or suspected or confirmed positive?**

We strongly encourage our staff to live the smallest life possible, to keep their social circle small, and to remember that every choice they make can impact not only them, but the health of their whole community. If we had the staff quarantine any time they went out (mostly in ways that are required for their

real life – like going to a grocery store) we would not have staff available to provide you with the required services like cooking your meals, disinfecting, social activity, maintenance and nursing services

- **If we go for a drive with a tracker, what happens when we have to go to the bathroom?**

We understand that this may be necessary, and hope that you understand that public restrooms represent a real risk, so planning ahead is a good option. Maybe drink a little less coffee before you go! If a stop is required we would ask you to be hypervigilant about handwashing and mask wearing.

- **Being able to go for a drive but not leave the car to go for a walk or stretch our legs seems crazy.**

This is what is allowed for now.

- **Because staff can/does go to other places than home without a car tracker, it seems we trust employees more than we trust residents.**

This is not about trust, it is about safety. Our employees have to go home, and we are encouraging them to make the best possible choices. The guidelines are about limiting risk. The fewer the people who have to take risks the better it is for everyone. Our employees do have to take some risks, as they live outside of our communities. The risks you take, and that your community would have to absorb, are for personal preference. This round of “opening” is focused on loosening for things that are essential (like medical appointments) and a few low risk “wants” like taking a drive. As case counts diminish or as rapid testing becomes more available, we will open up more.

- **If someone is returning from a second home (or moving in) and allowed to test the day they get back, they would only have to quarantine for maybe 72 hours. If we leave to go visit a friend or family member, now we have to come back, wait 5 days, then test, which puts us at least 7 days quarantine.**

We will have anyone moving in from a second home attest that they essentially quarantined in their own home for five days prior to moving in, which would allow a “day of move” test to be on the fifth day. The reasoning

for the timing is that allows for enough viral upload to make a test result reliable.

- **If we can't go out to a restaurant to pick up food through contactless delivery, why can't we have it delivered here?**

We may get there eventually, but for now this is just a matter of operational ability. We couldn't be sure we could get your food delivered from the guard shack to your home in a timely manner. In the next few weeks we may be able to do this at some communities, but we are also finding other creative ways to address a desire for some "take out" and variety.

- **Can I stop to get gas even if I have a tracker? I haven't driven in a while and will need gas.**

Yes, we recommend researching and finding a full service station near your community. Absent that we would ask you to use gloves and a mask if you have to pump gas.

- **Why is curbside pick up of food not okay when going through a drive-thru is? Many places have you pay over the phone and leave on a table, whereas if you go through a drive-thru, you have to exchange money.**

For now our guidance is that if you have to leave the car for something that isn't essential (like a bathroom stop or gasoline) it will require a quarantine. We are trying to give you the option of going for a drive (something many people have asked for) in a way that poses no risk to the community (so therefore would require no quarantine period).

- **What if my car needs to be serviced before I leave for a medical appointment? If I take it for an appointment, would I need to quarantine when I come back?**

Yes, we would recommend you call some local service providers to see if they will pick your car up, service it, and return it instead of you going and waiting at the dealership/mechanic. If they are willing to do that we will help you with the arrangements on campus. Just let your Director of Community Life know.

- **Do vets and dentists fall under the same category as essential medical appointments?**

Yes. If you go (with tracker) straight to the vet, leave your pet or any required sample outside, then return home without going anywhere else it would fall under the “no quarantine” rule.

If you go (with tracker) straight to the dentist and follow the guidelines for medical appointments it would fall under the “no quarantine” rule.

Please remember that any appointment that you take now should only be an “Essential” appointment.

- **I have to have a procedure done in a doctor’s office (not hospital) but can’t drive afterward. My daughter was going to get me to/from the appointment. If I drove myself (with a tracker), I wouldn’t need to quarantine, but I can’t drive, so do I still have to because my daughter will drive me?**

If your daughter has a van and is able to provide for 6ft social distancing, then you would **not** need to quarantine. You **would** both need to wear a mask and gloves the whole time and would need to use the tracker. If your daughter has a car and is not able to provide six-foot social distancing then yes, you would need to quarantine. Basically, because a car is a closed indoor space and you would be together for an extended period, you would need two levels of risk mitigation (mask/gloves and proper distancing). If you can’t assure both you will need to quarantine.

- **Can dog grooming be done offsite?**

For now we would not allow a trip to a dog groomer as an “essential” or outdoor activity. However, many groomers will come on site and we can work to find you an opportunity to have your groomer do that on campus (distant from you and others). Please work with your Director of Community Life to set that up and/or for possible groomers to contact.

- **When will we go back to normal housekeeping?**

The issue with housekeeping is a having people in your apartment. At this point we are willing and able to do light housekeeping in apartments on a

need basis ***without you there***. The goal is to limit your exposure to us. This will go more back to normal as case counts in each area reduce. It will vary by community, based on the cases in the local area.

- **There is some additional information coming out that getting the virus from a surface is slim – if that is true, can we consider additional outdoor activities (like bocce or cornhole) etc... six feet apart?**

Yes, look for updates in the coming week. Again, outdoor is better than indoor so we will look to provide additional outdoor activities (with guidelines about disinfection, social distancing and not “sharing”) for you in the coming weeks.

- **We have medical appointments that are in Massachusetts, but not in the Boston area. Will this require a quarantine?**

Right now our concern with Massachusetts and Manchester are the prevalence of cases in those areas, and the likelihood of exposure. However, we understand that many of you have essential medical appointments that need to be addressed. See below for the baseline of affirmative measures/statements we would expect your medical office to take:

“We have adequate amounts of personal protective equipment (PPE) to ensure the safety of patients and staff.

As we begin to re-open the services that were paused due to COVID-19, the health and safety of our patients and staff remain our highest priority so we have the following policies in place:

- We are **screening anyone** (including employees) who enters our facilities. We will take your temperature and ask a series of questions regarding your health.
- We are requiring everyone to **wear a mask**, including patients, clinicians and staff. This is on the hospital campus and at our offices. Masks will be provided and must be worn at all times.
- We have redesigned our processes to keep you **socially distant** during your visit. You will see we have clearly marked our elevators, common areas and waiting rooms to ensure proper spacing. (You may be asked to wait in your car at some offices until we text you to come in).
- We are taking extraordinary measure to continually **clean and disinfect** our facilities especially high touch areas and rest rooms.

- If you are having a **surgical procedure**, a colonoscopy or other complex procedure, your physician will determine if you need to be tested in advance for COVID-19. This is to ensure there is no associated risk or impact to your recovery.
- We are **not allowing visitors** to accompany patients, except for end of life patients, the Family Center, pediatric patients, patients with disabilities and those who are unable to make their own healthcare decisions.”

Even with this, certain areas pose a much higher risk due to case counts. If your appointment is in Massachusetts or Manchester we will ask you to work with your Nurse Practitioner to determine if the appointment can be done via telehealth, or can be delayed until July when we will readdress case counts. If the appointment is absolutely essential, we will have your Nurse Practitioner assess risk, and either employ the 14-day quarantine period or the 5-day period with offsite (Rite Aid) testing. In rare cases and based primarily on location and practice, an appointment may be able to happen with no quarantine and vigilant symptom checking.

- **Can you reexplain how testing can shorten a quarantine period?**

Yes, now that testing is available, to anyone, at Rite Aid we can use that to shorten a quarantine period. If you drive yourself to a medical appointment without a tracker and/or if you avail yourself of an external opportunity as noted in the chart from the May 22nd memo, you would sign up for the test at Rite Aid, drive yourself there with a tracker, and go no sooner than the fifth day of your quarantine. If you receive a confirmation that you tested negative (generally this comes within 48 -72 hours) you would provide us with that written information and you could then end your quarantine period.

There is a “how to” sheet that your Director of Community Life can provide to you to help you sign up for the Rite Aid test.

- **Are there other “outside” things that can be included as an acceptable activity that wouldn’t require a 14 day quarantine, particularly if we are using good social distancing?**

Not yet. We are really trying to take this slowly, and phase in the number of times a resident would leave campus, or the reasons for leaving. For now we

are comfortable with very low risk things and medical appointments. We will continue to evaluate and may adjust again for July. But that will be dependent on how the month of June progresses.

- **What else, besides rapid testing, will make you comfortable that we can reduce some of our restrictions? What would make the restrictions tighter?**

We will continue to track case counts in our town and counties. Right now, Hillsborough county (Manchester) and Rockingham county (Exeter) are quite high. Strafford county (Durham) remains low. If case counts rise or fall we will consider changes to restrictions. Manchester is the hot spot for New Hampshire – that requires us to be even more vigilant at our Birch Hill community. Those risks are higher for our residents because the majority of our staff live in the county in which they work.