



Infectious Disease: Covid-19 Plan

UPDATED: 9/15/2020

**Epidemic/Pandemic (ie: Coronavirus, Infectious Disease Control)
Emergency Procedures:**

Policy: In the event that our area experiences a epidemic/pandemic crisis we will utilize the above procedures. In addition we will adhere to the CDC guidelines/recommendations, follow proper protocol/guidance from HHSC, as well as local government agencies policies and procedures.

Procedures:

Entering Facility: Staff, Visitors and necessary outside medical personnel will sanitize their hands, have their temperature taken upon entry by staff, as well as fill out a questionnaire to ensure they are not infected. Staff and visitors will be screened for Covid-19 symptoms: Fever or chills, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and diarrhea. Face masks will be required during the time spent inside the facility. Entrance to the facility will be granted to registered nurses and physicians as medically needed. Additional visitors including: vendors, therapists, lab techs, medical delivery personnel, families, & volunteers will only be allowed entrance on a case by case basis in accordance with local and government guidelines. (See Visitation Guidelines below)

Staff Guidelines on Shift: At the start of shift, employee will have temperature taken at the door and notify management if over 100 degrees. Staff are to wear a face mask the entire time while on shift, only to be taken off at schedule break times outside of the facility. Disposable gloves are to be worn while providing hands on assistance and to be changed regularly between toileting, dressing, feeding and providing housekeeping. Gloves are to be changed each time they assist each resident.

Laundry and Linens: All staff is to be properly trained during orientation on how to treat soiled linens. All soiled linen is to be treated as if it is potentially contaminated or infectious. Use gloves when handling it, agitate soiled laundry as little as possible to prevent airborne contamination. Do not sort or rinse soiled laundry in the resident's room. Soiled laundry and linens will be carried away from the body when transported to the laundry room.

Training: All staff will be educated on sanitation and best practices to avoid further spread of infectious disease/coronavirus.

Policy on Possible Exposure –

Staff: Should staff have one or more symptoms they will be asked to self-quarantine at home until symptom free and cleared to return to work.

Staff Exposure of Confirmed Case: Should staff come in contact of someone with a confirmed case of Infectious Disease/Coronavirus. A nasopharyngeal swab/necessary test must be done to ensure staff member is not infected. Results must show negative to return to work.

Resident: Should a resident show symptoms of infectious disease/coronavirus, resident must maintain a separation from the rest of the facility population. All meals, and activities of daily life will be done in resident room. Staff that assist resident must sanitize their hands and wear appropriate PPE before and after entry. Resident will be monitored daily, with daily temperature checks done twice daily. Resident will be

encouraged to wear a face mask, as tolerated. Staff will increase safety precautions to avoid the spread of potential infectious disease/coronavirus.

Visitors: Visitors that have been in contact with someone with a confirmed case of infectious disease/coronavirus within 14 days will not be admitted into the facility.

Training: Staff will be educated on proper procedures and safe practices to limit the spread of Infectious Disease/Coronavirus. Please see GoodLife University for all training on infectious disease/corona virus, proper handwashing, and sanitizing.

Policy on Confirmed Case of Infectious Disease:

Staff – If staff have confirmed case of Infectious Disease/Coronavirus, they must notify GoodLife management immediately upon confirmation of positive test. Facility will go under full sanitation and deep cleaning. Residents will be monitored daily for any signs of symptoms, with daily temperature checks. Staff that assist residents must sanitize their hands and wear gloves and face mask before and after entry. Community will undergo a through sanitation of all high touch surfaces at each shift change. Management will notify resident families, and provide a self report to local health department and DSHS.

Resident: Should a resident receive a confirmed case (*Symptomatic OR Asymptomatic*) of an infectious disease/coronavirus and not need acute medical attention, the resident will be quarantined to room, or if possible a vacant room away from other residents. Facility will limit staff to care for infected resident to avoid any cross contamination with additional residents. Disposable serving ware, and disposable beverage vessels will be used during the 14 day isolation, or until resident has a negative result from covid test. Facility will practice social distancing and encourage residents to wear face masks, as tolerated to avoid the spread of infectious disease/coronavirus. Residents will be monitored daily, with daily temperature checks. If available, staff will wear all necessary PPE to avoid further spread of infection. This includes gowns, gloves, N95 face masks, and additional face coverings if necessary. Staff that assist residents must sanitize their hands and wear full PPE (if available) before and after entry. Community will undergo a through sanitation of all high touch surfaces at each shift change. Management will notify resident families, and provide a self report to local health department and state governing entities of confirmed case. We will then work with local government entities to ensure proper testing strategies are implemented.

Symptomatic Case – Staff with confirmed case of coronavirus/infectious disease will be on self-isolation until afebrile (*fever free without the use of fever reducing medications*) and with improvement

of respiratory symptoms, and after receiving negative results of an FDA Emergency Use Authorized molecular assay for COVID-19, or other necessary testing from at least two consecutive nasopharyngeal swab specimens collected (*24 hours apart for a total of two negative specimens*). *Staff member will be able to come back to work after negative test results are available.*

Asymptomatic Case: Staff member must be excluded from work until 14 days have passed since the date of the first positive test, assuming they have not subsequently developed symptoms since the positive result. If staff develops symptoms, they should self-isolate and follow instructions above for “symptomatic cases”

In addition to the above, after returning to work staff must continue to self-monitor for symptoms. Staff will be required to wear a medical grade facemask while in the facility.

Test strategy will be used, unless no tests are available. Then time strategy will be used as a secondary option

Training: Staff will receive proper training on safe practices while assisting potential infected or confirmed infected resident. Staff will be educated on proper procedures and safe practices to limit the spread of Infectious Disease/Coronavirus

Staffing:

In the event that there is a shortage of staff to accommodate resident care needs, an evaluation of the safest plan of action will be decided and implemented. The level of infection and other factors will determine the best solution and may contain one or multiple of the following options outlined below. These are liable to change dependent upon availability and accessibility.

Resident Temporary Placement: Should residents become Covid positive and if available housing is open covid positive residents will be quarantine to the same location of the facility. Staff will be divided between those providing care to covid positive residents and those residents that are covid free. Staff will be limited in numbers to contain possible additional infection.

Staffing Pattern Adjustments: If shortage in staffing occurs adjustments will be made to the staffing pattern from three (3) shifts of eight (8) hours per shift in a 24 hour period, to two (2) shifts of twelve (12) hours in a 24 hour period. This will ensure proper coverage of resident care and limit any excess interaction between residents and care providers.

Additional Resources: Should the company not be able to maintain adequate staffing to ensure the safety and care of the residents. Additional

care staff will be requested from a local staffing agency. Please see Emergency Binder for local staffing agency agreement.

PPE SUPPLIES

The facility will ensure that two (2) weeks of PPE are available in the event of a coronavirus outbreak. This includes the following: N95 face masks, gloves, gowns, goggles, and face shields. Due to the high demand of these items the facility will request supplies from the Texas STAR program and additional assistance from the local health department and DSHS. If the local health department and DSHS are unable to assist in supplying PPE to facility, the administrator of the facility will make every effort to ensure full PPE are available as permitted.

Notifications:

Manager will notify families of covid positive case, if manager is not able to, facility RN will make contact. Manager will self report covid positive to local health department and HHSC.

PHASE 1 VISITATION COVID-19

Date: August 2020

Origination Date: August 2020

Purpose: To allow limited indoor and outdoor visitation for family members with residents.

Policy: Visitors will have limited visitation.

Procedure:

1. No confirmed COVID – 19 positive staff in last 14 days.
2. No active positive cases in residents.
3. Only family will be permitted to visit a resident.
4. Family member must make an appointment with the office to set up visitation.
5. Visitation will last no longer than 1 hour to ensure others can visit and to provide adequate time for cleaning between visits.
6. Family member must wear a mask, answer questionnaire and take temp prior to visitation.
7. No physical contact is permitted between residents and visitors.
8. Adequate staffing to facilitate visitation in compliance with infection control requirements.
9. Outside visitation must be six feet apart in a designated area.
10. Inside visitation must be with a plexiglass as a safety barrier in a designated area to prevent spread of COVID – 19.
11. Proper hygiene must be conducted prior/after visit for visitor and resident.

12. Plexiglass barrier and area must be clean between visits with required EPA cleaners.

Facility will submit form 2192 along with photos of plexiglass booth for approval of indoor visitation.