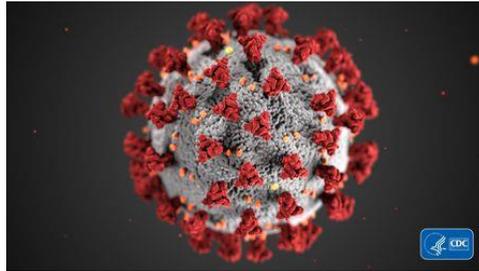


## Valley Hi COVID-19 (Novel Coronavirus 2019) Response Plan Draft 3-17-2020



The following document is a fluid response plan based on the CDC guidelines, IDPH guidelines, and Valley Hi infection control procedures. This document was created by the interdisciplinary team including additional stakeholders, including County Risk Management, County Emergency Management, and County Facilities Management. The following plan outlines the Valley Hi response to the emerging threat of COVID-19 attempting to balance the appropriate response with the at-risk population of the Valley Hi residents.

### Understanding the pathogen:

#### Symptoms:

- Usually causes mild to moderate upper-respiratory tract illnesses like the common cold
  - Runny nose
  - Headache
  - Cough
  - Sore throat
  - Fever
  - Malaise
- Can cause lower-respiratory tract infections
  - Cardiopulmonary disease
  - Impaired immune function
- Infants, older adults, and immunocompromised individuals are at greatest risk

#### Facts Known at This Time:

- Pathogen was first detected in China (SARS-CoV-2)
- People have no immunity
- 80% of the people have mild illness, some with no symptoms at all
- Healthy children are contracting the disease at the same rate as adults but with few to no symptoms
- Serious illness occurs in 16% of the cases
- Case fatality rate for people over 70 years old is approximately 8%
- Case fatality rate for people over 80 years old is approximately 15%



### Long-Term Care Recommended Approaches

Due to the high risk of the long-term care population, the CDC is recommending the following:

- Focus should be on keeping COVID-19 out of long-term care facilities
- Ongoing interdisciplinary planning and communication
- Clean hands often
- Clean equipment and surfaces often
- Contained droplets precautions
- Respiratory etiquette
- Visitation restrictions
- Health screening and questionnaires for visitors
- Use technology
- Reduce unnecessary face-to-face opportunities for spread
- Inventory control and management

### Valley Hi Specific Response

Based on a wide range of factors, Valley Hi has instituted a 4-level response plan (NOTE: half steps can be implemented at any time based on changes in response):

Level 0 – Normal operations – Valley Hi baseline

Level 1 – Cases in surrounding area

- Restrict visitors under the age of 18
- Pre-screen all visitors over the age of 18
- Eliminate outside resident activities / outings
- Pre-screen staff at start of shift
- Begin preparations for Level 2 response

Level 2 – Cases in the community with no staff cases

- Restrict visitation to essential visits only
- Pre-screen essential visitors
- Pre-screen staff at start of shift
- Begin preparations for Level 3 response

Level 3 – Cases in in the community with either staff cases or limited available staff

- No visitors from the outside (Hospice and end-of-life situations dealt with on a case-by-case basis and would require strict pre-screening)
- Move to lighter staffing patterns (see chart below)
- Change to essential services approach



- Admissions determined on a case-by-case basis
- No residents leave the building for appointments unless emergency in nature

#### Level 4 – Cases at Valley Hi

- Building lockdown and quarantine
- Move the 3-phase staffing pattern (see chart below)
- Follow all CDC / IDPH recommendations and guidelines
- Lock front doors (flip 2 toggle switches)
- All access to the building, including deliveries will be restricted to the loading dock

#### COVID-19 Response Staffing Patterns (Minimum staff needed)

	Level 3 – Reduced Staffing	Level 4 Phase 1 12-hour staffing rotation Initial lockdown	Level 4 Phase 2 12-hour staffing rotation Rotation in/out after specified length of time TBD based on CDC and IDPH recommendations	Level 4 Phase 3 TBD based on duration, CDC guidelines, and available staff
Needed in the Building (may include non-routine and support duties)	Administrators (2) Nursing Management (5) Facilities Management (1) Social Services (2) Activities (2) Laundry (4) Housekeeping (3) Unit Secretaries (1) Receptionist (2) Nurses day and PM shift (5) Nurses night shift (2) CNAs day and PM shift (9) CNAs night shift (5) Cook 1 <sup>st</sup> shift (1) Cook 2 <sup>nd</sup> shift (1) Dietary Aides 1 <sup>st</sup> shift (3) Dietary Aides 2 <sup>nd</sup> shift (2) Dietary Director (1)	Administrator Nursing Management (3) Unit Secretary (1) CNAs (20) Nurses (9) Dietary (2) Housekeeping / Laundry (2) <i>Note – staff with RA / feeding training preferred</i>	Assistant Administrator Nursing Management (2) Clinical Liaison Unit Secretary (1) CNAs (20) Nurses (9) Dietary (2) Housekeeping / Laundry (2) <i>Note – staff with RA / feeding training preferred</i>	<i>Subject to change</i> Administrator Nursing Management (3) Unit Secretary (1) CNAs (20) Nurses (9) Dietary (2) Housekeeping / Laundry (2) <i>Note – staff with RA / feeding training preferred</i>
Not Needed in the Building - Standby	Medical Records Admissions Clinical Liaison All other support staff	Medical Records Admissions Clinical Liaison Social Services (2) Activities All other support staff	Medical Records Admissions Social Services (2) Activities All other support staff	Medical Records Admissions Social Services (2) Activities All other support staff
Working from Home or Other County Location (may include non-routine duties and amended hours / workload)	Unit Secretaries (3) Employment Coordinator Business Office (4)	Assistant Administrator Unit Secretaries (3) Employment Coordinator Business Office (4) Supply Clerk	Administrator Unit Secretaries (3) Employment Coordinator Business Office (4) Supply Clerk	Assistant Administrator Admissions Clinical Liaison Unit Secretaries (3) Employment Coordinator Business Office (4) Supply Clerk



#### Level 4 Staffing

If Valley Hi must enter into a Level 4 response, the following guidelines will be used to meet minimum staffing patterns:

1. Department Heads will determine who will be needed based on the chart above and work out a strategy
  - a. Nursing Management will need to determine which positions will stay throughout each phase
2. Employees will be asked to volunteer to stay in the building based on the chart above
3. Employees with RA / feeding assistant training, including activity staff may be asked to volunteer
4. Note: Compensation for staff on standby, working from home, and in the building will be determined / worked out with County Administration and the Valley Hi Administrator with the approach of keeping employees whole and rewarding those that are in in the building during the response

#### Changes in Normal Routine Strategy

As Valley Hi moves through the COVID-19 response levels, the following items should be considered for possible amendment / change:

- Level 1
  - Frequent and ongoing staff in-servicing on infection control procedures
  - Ongoing staff monitoring for infection control practices
  - Implementation of enhanced infection control procedures including housekeeping and hypervigilance with staff call-ins and resident changes in condition
- Level 2
  - Reconsider large group activities in the building
  - Determine if floor separation is necessary
  - Establish a strict consistent assignment strategy as best as possible
  - Consider all life safety code related inspections and schedule immediately (my need to add an additional inspection based on timing to get back on routine schedule when return to normal)
  - Establish a list of all staff who work in another health care setting / building
  - Establish a list of all staff planning on traveling in the next few months including duration and location to determine:
    - Risk level
    - Need for self-isolation for additional 14 days
  - Change guest sign-on process to front desk staff only
- Level 3
  - Change to paper products for meals
  - Reduce activity and social service related programing to 1-on-1 only
  - Begin looking at upcoming resident appointments to determine necessity or possible rescheduling
  - Consider rescheduling unnecessary resident labs and other diagnostic related tests
  - Close common areas to reduce need for cleaning and allow redeployment of staff to high use areas
  - Consider doubling supply of oxygen E-tanks on hand
- Level 4
  - Cohorting of residents
  - Change to room service for meals
  - Reduce the bed changing and linen use to limit laundry and allow a focus on high infection areas



- Separate staff areas from resident areas:
  - Staff sleeping arrangements to be made in admin wing (or individual office if desired)
  - Staff down time areas in the admin wing (or individual office if desired)
  - Establish a staff shower room and resident shower rooms
  - Close fire doors between Admin hallway and resident nursing unit to create a barrier and private space for staff on downtime

### **Communication Strategy**

Frequent, open and transparent communication is essential throughout the response to COVID-19. The following strategy will be used to communicate with the residents, staff, and families. The Administrator and Assistant Administrator will coordinate the messaging by developing scripts for the staff to follow, this will allow for consistent messaging.

- Level 1
  - Signs posted on the doors and throughout the building noting the visitation and pre-screening requirements
  - Letter to staff, residents, and families with routine updates (also sent to County Administration, County Board Chair, and PHCS Chair)
- Level 2 and Level 3
  - Level 1 communication strategy
  - Calls to resident POAs
    - Obtain text message contact number and email addresses to allow for immediate notifications
    - Provide script to staff making calls to ensure consistent messaging
    - Direct all questions to the Administrator, Assistant Administrator, Director of Nursing, or Assistant Director of Nursing
  - Administrator / Assistant Administrator to meet with residents to detail situation and provide updates
  - Activity staff will assist and encourage the use of Skype, Facetime, or other means of digital communication
  - Frequent communication with County Administration, County Board Chair, and PHCS Chair
  - Routine communication with local Health Department
- Level 4
  - Level 1, 2, and 3 communication strategies
  - Staff outside the building to set up an off-site communication link between the facility and outside location either at the County Admin Building or EOC to assist in fielding calls and responding to requests for information (Administrator is the only individual to speak with the press / media)
  - Staff outside the building will make all calls to POAs and staff on standby using the developed script to ensure consistent messaging
  - Unit Secretary in the building will answer phones and direct calls from the nursing unit
  - Routine communication with all authorities including health department, CDC, IDPH, etc.

### **Deliveries**

Based on the potential for a live virus to live on the exterior of cardboard boxes for an undetermined amount of time, the following guidelines will be followed for ALL deliveries throughout the response.

1. All deliveries will be restricted to the rear dock only, regardless of the size and type
2. Deliveries will be left outside the building and staff will come and take the delivery. Pallets have been placed along the back of the building for deliveries to be placed on so they are not on the ground.
3. Small packages will be wiped down with disinfecting wipes prior to being brought into the building, this includes boxes large envelopes, etc. (gloves worn at all times until the package has been properly disinfected)
4. Large deliveries will be handled as follows using two or more staff:
  - a. Gloves will be worn at all times
  - b. Unpack the boxes outside and bring in the individual packages with one person opening the exterior box and one person taking out the contents of the box avoiding touching the sides
  - c. Dietary related items should be properly labeled once taken out of the box so they can be immediately placed in the appropriate storage location
  - d. For items that cannot be taken out of their box, the box will be wiped down with disinfecting wipes

#### **Staff Prescreening Process**

1. All access to the building will be restricted to the main entrance only
2. A desk will be set up for screening in the lobby which includes all equipment and screening forms
3. The receptionist will coordinate the screening in non-shift change and non-peak times during the normal front desk coverage
4. Staff will be assigned to man the screening desk during shift changes and high volume times
5. Any staff member who does not pass the screening form and or has a temperature will be asked to go home and will not be allowed access to the building for any reason until they can pass the screen and/or have been fever free for 24-hours without the use of a fever reducing medication
6. The screening process will remain in place for the duration of response

#### **Building Preparation / Additional Items for Consideration**

- Supplies already in place at this time / in delivery que
  - 3-month supply of isolation supplies and resident incontinent supplies
  - 14-day supply of paper goods for serving
  - 14-day supply of toilet paper, paper towels, and facial tissue
  - 14-day supply of food based on 120 residents and 40 staff living in the building
  - Purchase scrubs in various sizes to be maintained on hand (supply will vary based on size)
- Monitor infection control efforts to ensure that:
  - Gait belts are being washed often
  - Equipment is being properly cleaned especially, wheelchairs, lifts (including batteries and chargers), and diagnostic equipment
  - Dietary jackets are being properly cleaned
  - Bedspreads are being cleaned more frequently
  - Resident privacy curtains are being cleaned more frequently
- Keep notes on all efforts made throughout the response
- Keep track of all costs related to the response including staff time if possible
- Keep pallets placed along back side of building for receiving deliveries and have tarps ready in the event of a delivery in bad weather





### Valley Hi Response Level Timeline

- Level 1 Response initiated 3-9-2020
- Level 2 Response initiated 3-10-2020
- Level 2.5 Response initiated 3-10-2020
- Level 3 Response initiated 3-13-2020