

## COMPREHENSIVE PREPAREDNESS PLAN FOR COVID-19 FOR ANDREW RESIDENCE

### PURPOSE

Andrew is committed to providing a safe and healthy workplace for all our associates and residents. To ensure we have a safe and healthy workplace Andrew has developed the following COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Managers and associates are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces and communities, and that requires full cooperation among our associates and management. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our workplaces.

### PROCEDURE

The COVID-19 Preparedness Plan is administered by the Executive Director who maintains the overall authority and responsibility for the plan. However, management and associates are equally responsible for supporting, implementing, complying with and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan.

Associate involvement is essential in developing and implementing a successful COVID-19 Preparedness Plan. We have involved our associates in this process by training teams on current best practices and team meetings to discuss the many elements of the plan.

Andrew Residence Covid-19 Preparedness Plan follows the guidance developed by the state of Minnesota, which is based upon Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines for COVID-19, Minnesota Occupational Safety and Health Administration (MNOSHA) statutes, rules and standards, and Minnesota's relevant and current executive orders. It addresses:

- ensuring sick associates stay home and prompt identification and isolation of sick persons;
- social distancing
- worker hygiene and source controls;
- workplace building and ventilation protocol;
- workplace cleaning and disinfection protocol;
- drop-off, pick-up and delivery practices and protocol; and
- communications and training practices and protocol.
- additional protections and protocol for distancing and barriers;
- additional protections and protocols for managing occupancy;
- additional protocols to limit face-to-face interaction;

### **Ensure sick associates stay home and prompt identification and isolation of sick persons**

Associates have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. Prior to entering the building. They are screened prior to entry by a designated staff member and a temperature is recorded.

Andrew Residence has implemented policies that promote associates staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. Accommodations for associates with underlying medical conditions or who have household members with underlying health conditions have been implemented

Andrew Residence has also implemented a policy for informing associates if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time.

### **Social distancing – Associates must be at least six-feet apart**

Social distancing of at least six feet will be implemented and maintained between associates-

### **Hygiene and source controls**

Basic infection prevention measures are being implemented at our workplaces at all times. Associates are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes and after using the restroom. All persons in the workplace are required to wash or sanitize their hands prior to or immediately upon entering the facility. Hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) are at entrances and locations in the workplace so they can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled

### **Workplace building and ventilation protocol**

Operation of the building in which the workplace is located, includes necessary sanitation, assessment and maintenance of building systems, including water, plumbing, electrical, and heating, ventilation and air-conditioning (HVAC) systems.

The maximum amount of fresh air is being brought into the workplace, air recirculation is being limited, and ventilation systems are being properly used and maintained. Steps are also being taken to minimize air flow blowing across people.

### **Workplace cleaning and disinfection protocol**

Regular practices of cleaning and disinfecting have been implemented, including a schedule for routine cleaning and disinfecting of work surfaces, equipment, tools and machinery, vehicles and areas in the work environment, including restrooms, break rooms, dining room, meeting rooms. Frequent cleaning and disinfecting is being conducted of high-touch areas, including phones, keyboards, touch screens, controls, door handles, elevator panels, railings and copy machines.

Appropriate and effective cleaning and disinfecting supplies have been purchased and are available for use in accordance with product labels, safety data sheets and manufacturer specifications, and are being used with required personal protective equipment for the product.

### **Communications and training practices and protocol**

This COVID-19 Preparedness Plan was communicated in team meetings and email communications with all associates. Additional training will be provided consistent with evolving changes in guidance, best practices, or facility practices.

Managers and supervisors are expected to monitor how effective the program has been implemented. All management and associates are to take an active role and collaborate in carrying out the various aspects of this plan, and update the protections, protocols, work-practices and training as necessary. This COVID-19 Preparedness Plan has been certified by Andrew Residence management and the plan was posted throughout the workplace and made readily available to employees. It will be updated as necessary.

**Comprehensive Plan for Suspected and Confirmed COVID Positive Residents**

*This document is designed to guide you through the necessary steps after discovering a resident is symptomatic and ultimately positive for COVID-19. There are many references to other documents that can be found on each floor in the **COVID RESOURCE BINDER** in addition to utilizing the hyperlinks.*

**Prior to Testing**

- Have nurse assess resident to ensure symptomatic.
- Isolate resident immediately to the best of ability and ensure modified droplet precautions are implemented at this time. Refer to the ISOLATION QUARANTINE (modified droplet precautions) signage for more details.
- Notify the PIC and Charge Nurse (charge nurse should notify nurse manager on call if resident is suspected for COVID)
- Consult with nurse manager on how to obtain testing whether it should be in house or if resident should be seen at HCMC or other hospital.

**Testing**

- Testing would be pursued at HCMC or the resident’s preferred hospital in the case that their illness is too acute to be adequately cared for at Andrew or if Andrew testing materials are unavailable.
  - If the resident is stable enough, transfer via Andrew vehicle and staff. Resident should sit in the back at the furthest seat possible from the driver. The driver should wear gloves, mask, and face shield/safety glasses. The vehicle would need to be disinfected after being used.
  - If the resident is not stable enough to be transported emergency services should be utilized.
  - In the event that the resident is not admitted for hospitalization, Andrew staff would pick up the resident from the hospital in the same manner that we would drop them off at the hospital.
  - Prior to the resident entering the building, elevators should be locked down and residents should be cleared in the same fashion utilized during emergencies.
- Andrew nursing staff would perform testing in house in the event that the resident is stable.
  - Nurses should utilize the Nasopharyngeal Swab Procedure guide for a reference on how this process would be carried out.

**Quarantine Room and Supplies**

- Utilize the COVID DASHBOARD to decipher which room the resident should use for isolation. Consult with the PIC and Charge Nurse for correct placement.
- Gather necessary signage and place on the outside of the isolation room door. Signage can be found in the COVID binder for each floor.

- ISOLATION QUARANTINE (modified droplet precautions) sign. This NEEDS to be in color.
- Quarantine Room Tracking Entry Form – This form is yellow and should be placed under the magnetic strip on the room number plate.
- Place a white plastic isolation cart in front of the isolation room. The isolation cart should include:
  - Hand sanitizer
  - Oxiver
  - Gloves
  - Thermometer and sheaths
  - O2 saturation monitor
- New gowns and new N95 masks can be found in the large file cabinet near the laundry room. This is also where reused N95 masks are stored. These items are locked. The keys can be found on the med keys and the charge nurse keys.
- Additional PPE items can be found in the basement in the nursing reserve area.
- Place a bedside table inside the isolation room with hand sanitizer, gloves, individual thermometer, sheaths, and O2 saturation monitor for the use of the isolated resident only.
- Ensure there is a covered garbage can near the door inside the resident's room and another on the outside of the room.
- In the event that the resident is placed in an isolation room that is not on their original floor, ensure to gather the MAR and ALL medications from the med cart and the med room.
- Ensure that the necessary resident belongings are in the isolation room. Staff will gather these items. The resident may NOT return to their original room to gather personal items.

**Designated Staff Member and Resident Interactions**

- Identify the staff member who will be primarily responsible for the symptomatic resident's care for the shift. This likely will be the floor nurse.
- The designated staff member should limit the number of times entering the room as well as the amount of time spent in the room.
- Group assessments and tasks in to one encounter. For example bring 4pm medications, dinner, and complete screening in one interaction.

**Communication with the Symptomatic Resident**

- Notify resident of quarantine expectations
- Stay in room
- Notify resident's PCP and psych provider that swab was collected and results of swab
- Wear a mask if need to leave room(showers only) & when staff are present in room
- Meals will be eaten in the room- complete a menu
- Offer resident NRT's- resident will not be able to leave room to smoke
- No visitors
- Discuss how to contact staff (cell phone or phone in room-call front desk, or utilizing walkie talkies)
- If resident is in need of items staff will work with them to retrieve them
- If resident needs activities/things to do floor staff will utilize Sick Kit and activities such as portable DVD player, DVDs, etc.

- Offer residents the “In Room Opportunities” sheet located K:\In Room Opportunities.docx.

### **Interdisciplinary Communication**

- Please refer to the Communication Flow Chart for COVID Positive Resident.

### **Screening**

- While the COVID test is pending, the symptomatic resident will be on BID screening. All other residents including roommates will continue with daily screenings.
- When results are finalized, COVID positive resident will require Q shift screening.
- All other residents of the building will require a BID screening.

### **Roommates**

- Roommates as well as those who share a bathroom of the symptomatic resident will **immediately** be placed on prophylactic quarantine, even prior to knowing the results of the test.
- Utilize the Prophylactic Quarantine Checklist to ensure all steps are completed.

### **Laundry/Housekeeping/Showers**

Floor Staff will:

- Resident linen: Hand carry soiled labeled linen bag to B4 (Weekly)
- Personal clothing: Hand carry soiled labeled clothing to B4 (Weekly)
- Disinfectant high touch areas in the resident room (Daily).
- Empty the trash in the resident room (Daily)

Showers

- Housekeeping staff will clean on scheduled hours or more often if needed.
- Floor staff will disinfect the showers when housekeeping is not available. The area will need to be closed for 10 minutes after disinfecting.

When the room is vacate

- Housekeeping staff will clean the empty unit and place a bedspread on the bed with a clean unit sign with date.
- Housekeeping Staff will disinfect the entire room and bathroom.
- Change cubicle curtains.
- Empty trash in room.
- Vacuum carpet.

For more detailed guidance reference Housekeeping and Laundry\How to handle linen and personal clothing.docx

Resident laundry labels Housekeeping and Laundry\5395 Wash and Dry sticky labels for clothing and linen.docx

### **Choking Precautions**

- If they symptomatic resident is on choking precautions, a staff member must monitor eating. Staff should utilize the “high contact” PPE precautions while monitoring.