**COVID-19 AFH Disaster Plan &
Infection Prevention**

SYMPTOMS OF COVID-19 INCLUDE COUGH, FEVER, SHORTNESS OF BREATH

\*INFORMATION IS CONSTANTLY CHANGING. VISIT THE CDC AND DOH WEBSITES FOR THE MOST UP-TO-DATE AND ACCURATE INFORMATION\*

CDC:

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

WA STATE DEPARTMENT OF HEALTH: <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020>

DSHS:

<https://www.dshs.wa.gov/alert/covid-19-information>

Be sure to communicate all policy changes to POAs.

Have POAs contact further family and friends.

Keep communication with staff fluid and up to date.

PPE

1. Currently the CDC has downgraded PPE to droplet precautions in hospitals. This means that the virus is no longer thought to be transmitted via the airborne route. Special masks are not needed unless completing a skill that would cause the virus to be aerosolized. Such as intubation, nebulizers etc.
	1. This means we are okay no not be in masks throughout the day, as long as we are not experiencing symptoms of illness.
		1. If you are experiencing symptoms of illness contact your manager/ administrator immediately
	2. Wear a mask and eye protection if the task requires you to be in a space where you or the resident could be coughed on or spit on. (Suggested is within 6 feet)
	3. Washing your hands is key! Do not touch your face. If you do, wash hands immediately.
	4. Cover you cough/sneeze with your elbow then wash hands!
2. PPE or a resident experiencing respiratory symptoms will include but is not limited to
	1. Mask
	2. Eye protection
	3. Gown
	4. Gloves
3. Sequence for donning/doffing PPE <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

STAFF

1. All non-essential personnel are restricted.
2. All employees must be screened before starting their shift
	1. DO NOT COME TO WORK IF YOU ARE IN ANY WAY SICK
	2. Follow arrival/exit protocols.
		1. Staff will launder all scrubs at the facility. Staff may also leave specific shoes for the home in their cubby.
		2. When on shift ensure that oncoming co-worker has clean scrubs available
		3. Arrival to work
			1. Enter through garage to laundry rom
			2. Disinfect or remove shoes with an EPA-registered disinfectant. (leave infected shoes in garage)
			3. Perform hand hygiene
			4. Remove clothing, place in designated area
			5. Perform hand hygiene
			6. Put on clean scrubs
			7. Perform hand hygiene
			8. Take and record temperature in staff monitoring binder
			9. Document absence of respiratory symptoms (including absence of shortness of breath, new or change in cough, and/or sore throat) in staff monitoring binder
				1. Contact administration immediately if experiencing symptoms or fever is present
			10. Wash hands with soap and water
			11. Ready for shift
		4. Exit protocols
			1. Remove scrubs and place in dirty clothes
			2. Place shoes in cubby, or disinfect (with an EPA- registered disinfectant) before going home
			3. Change into personal clothing
			4. Wash hands
			5. You are ready to leave shift
	3. If you or your family are experiencing symptoms of COVID-19, contact administrator before starting your shift. (The more notice the better)
		1. Resident manager is on-call to cover shifts with administrator as back-up. Resident manager will send out text or call to find coverage for any open shifts.
		2. Staff should be symptom free for 24 hours, or fever free for 72 hours. Whichever is longer, before returning to work.
		3. If staff tests positive for COVID-19, they must have two negative tests before returning to work.
	4. Report any staff who may be sick to administrator
3. Try to stay at least 6 feet away from residents if not actively providing care.
4. If resident care requires you to be in residents face, consider face mask, and/or eye protection.
5. Uniforms must be clean and not re-worn.
6. Hair must be up, out of face and off shoulders at all times.
7. Limit ALL jewelry, especially rings.

VISITORS

1. Visitors have been restricted. Do not allow visitors into the home. Contact Administrator if someone requests entry.
2. A visitor sign will/has been posted on all exterior entrances to home, alerting potential visitors of no visitor policy and action to take/phone number to get ahold of administrator.
3. IN THE EVENT THERE IS A VISITOR (ONLY IF CLEARED BY ADMINISTRATOR)
	* 1. Visitors will arrive to front door. There is signage directing them not to enter and to call the house phone and alert the caregiver.
		2. Caregiver will grab visitor book, masks, hand sanitizer, a thermometer, EPA- registered disinfectant for shoes, and a pen.
		3. Caregivers will don gloves.
		4. Staying 6 feet away will ask the visitor if they have called and been screened by administrators.
		5. If no, contact administrator immediately
		6. If yes, administrator will notify you of respiratory status, and confirm if cleared to enter
		7. Confirm no symptoms of illness to include cough, fever, or shortness of breath.
		8. Have visitor take and document own temperature.
			1. Caregiver to clean thermometer
		9. If no fever, have visitor sign in under the resident’s name tab.
			1. If there is a fever, contact administrator. Visitor will not be permitted to enter
		10. Have visitor disinfect (with an EPA-registered disinfectant) shoes with Lysol wipe or similar.
		11. Hand visitor a mask, ensure proper placement and nose is pinched
		12. Have visitor hand sanitize or wash hands with soap and water (in visitor bathroom)
		13. Visitor will need to be directed directly to that resident’s room
		14. Take resident to their room
		15. Wash your hands and disinfect (with an EPA-registered disinfectant) visitor cart equipment
		16. Visitors are ARE NOT ALLOWED TO WANDER THE HOME OR SPEAK/VISIT WITH OTHER RESIDENTS
		17. Request that visitors limit time in the home to one hour.
4. No vendors should be allowed in the home, please meet all deliveries outside.
	1. Wash hands after contact before touching anything in the home

RESIDENTS

1. RESIDENTS ARE TO STAY IN ROOMS
	1. You may rotate residents through common area
		1. 3 residents are permitted in common areas if able to be 10 feet apart and not experiencing respiratory symptoms.
		2. Disinfect (with an EPA-registered disinfectant) after each resident
2. Residents are encouraged not to leave the AFH
	1. Request that any family or resident contact administration before leaving the home.
		1. Administration will ensure resident and family understand risk of leaving home
	2. If resident does leave home. Caregiver will put mask on resident. Caregiver will take resident out to car. Do not have family member come in unless absolutely necessary. Ask that the resident wears the mask throughout the entire outing.
		1. Perform hand hygiene
	3. THE RESIDENT WILL NEED TO BE SCREENED (temp and respiratory symptoms) ON RETURN TO THE HOME.
3. Residents must be screened daily for any respiratory illness; shortness of breath, fever, new or change in cough. (document fever, pulse oximetry and signs of illness in resident monitoring binder)
	1. ISOLATE resident to room and call administration if respiratory illness is present
		1. See below for further instruction
4. Attempt to keep residents 6 feet away from each other at all times.
5. Encourage proper hand and respiratory hygiene (hand washing or hand sanitizer before and after meals)
6. All group activities have been cancelled. Please provide residents with individual entertainment/activities
7. Group dining has been temporarily suspended, residents will eat in own room
8. Prepare to accept new residents from hospital if space available.

FACILITY

1. Post hand washing instructions at all sinks
2. Post signs and symptoms where staff can easily see.
3. Ensure all staff know signs and symptoms.
4. Disinfect (with an EPA-registered disinfectant) high-touch areas twice daily and as needed during dayshift. Document in log
5. Disinfect (with an EPA-registered disinfectant) entire house on nightshift. Document in log
6. Notify manager of any concerns or low equipment immediately
7. Wipe down phone and remotes after use
8. Keep up with original cleaning tasks.
9. Restrict residents from getting in fridge and ask them to ask caregiver instead
10. The half bathroom next to the common area has been designated as a staff/visitor restroom only. This will help avoid the sharing of outside germs with residents. Re-direct residents to the bathrooms in their room, or the two other bathrooms in the house.
11. If a resident in the home is diagnosed with COVID-19 the home will not accept any new admissions
12. IF the home is free of COVID-19 the home will not accept new residents with active COVID-19 until the patient has received two negative tests or been cleared by their physician.

RESIDENT WITH SYMPTOMS OF RESPIRATORY ILLNESS

1. Isolate resident to own room.
	1. If shared room, isolate roommate to room as well
2. If experiencing any emergency symptoms, contact 911 immediately. Alert them that you have a resident experiencing symptoms of respiratory illness
	1. Stay with resident, wear respiratory PPE.
3. Contact your on-call administrator
	1. Wear respiratory PPE when within 6 feet of resident
		1. Mask
		2. Gown
		3. Eye protection
		4. Gloves
4. Contact primary care provider and alert of symptoms
5. Contact local health department for guidance and next steps.
	1. IF a resident is being sent to the hospital, you will need to contact the hospital to confirm procedure for accepting a patient that potentially has symptoms of COVID-19
	2. Ensure any ambulance company is aware of symptoms of respiratory illness that may be consistent with COVID-19
6. Specimens for testing for COVID-19 should not be collected in the home unless directed by the local health department
7. In the event that a highly suspected or positive COVID-19 patient should remain in the home:
	1. Continue Isolation of that resident to their room
	2. Designate a team of staff to care for these patients only.
		1. Team member 1:
		2. Team member2:
		3. Team member 3:
	3. Provide a PPE cart and trash can with lid outside the room
		1. Cart should include
			1. Masks
			2. Gloves
			3. Gown
			4. Eye protection
			5. Hand sanitizer
	4. Staff should don PPE outside the room before leaving
	5. Staff should doff PPE at door of room and place in trash
	6. Staff should wash hands with soap and water immediately after removing PPE
	7. Ensure designated team is only caring for these Isolated residents

CONTACTS:

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| --- | --- | --- | --- |
|  | NAME | PHONE/FAX | EMAIL |
| LOCAL HEALTH DEPARTMENT |  |  |  |
| DEPARTMENT OF HEALTH |  |  |  |
| STATE LONG-TERM PROFESSIONAL TRADE ASSOCIATION |  |  |  |
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| HOSPITALS |  |  |  |
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| LOCAL EMERGENCY PREPAREDNESS GROUPS. |  |  |  |
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As an employee of \_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_ adult family home, I acknowledge that I have read and understand all of the above information.

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DISCLAIMER

 This writer is in no way affiliated with any professional infection control entity or emergency preparedness entity. The writer is providing this document free of cost as a resource. This writer is not responsible for the accuracy of this document and requests that all users visit recommended resources for most accurate and up to date information.

SOURCES\?

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