Corona Virus Infection Control Plan

In dealing with the potential risk of Coronavirus, we have taken steps to limit exposures to our residents.  The reality is that if young healthy people become ill with Coronavirus, it is generally a mild illness with a very low complication rate.  If people over the age of 80 become ill with Coronavirus, the death rate is very high, more than 15%. It may be even higher for our long-term care population.  Hopefully this will only impact us all for the next few weeks, please read all below.

We have cancelled outside activities from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We asked families to only take their resident out if *absolutely necessary*, to decrease their chance of being exposed in the community.  Coronavirus is spread only three ways, an infected gets droplets on you when talking, the person coughs or sneezes on you, or you touch something that they have coughed or sneezed on and then touch your own face (eyes, nose mouth) and self-infect yourself.  Be aware as you go about your day of NOT touching your face.  If you are out in the community at the store, etc., wash your hands as soon as possible.  Use the sanitizing wipes at grocery stores to wipe the cart handles down. Try to open doorknobs in the community with your sleeve, touch elevator buttons with back of your knuckle, do anything you can to avoid touching surfaces with your hands and avoid crowds who can cough or sneeze on or near you.  If you come down with cold symptoms, you generally do not need to go to the doctor.  There is NO treatment for coronavirus and no benefit for you to go to the doctor if you have mild symptoms.  Most people will have mild viral symptoms.

You DO need to go to the doctor or hospital if you experience severe respiratory distress (you cannot breathe or are having difficulty breathing).  When individuals have complications of coronavirus, there are respiratory complications and some need to be hospitalized for respiratory support (intubated, etc.). Please seek medical care from your own doctor/ARNP if you have symptoms that warrant testing for COVID-19.

1. **Not every cold symptom is Coronavirus.**  All Staff members must be screened with temperature and symptom questions upon entering the home for work and must log responses on the Staff log.

Symptoms of coronavirus are a fever with cough or shortness of breath.  If you have these symptoms, you need to stay home until you have been without a fever for 24 hours.  Please make sure you have a thermometer so you can check your temperature.  If you have a confirmed COVID-19 test result, you may not return to work until you have 2 negative COVID-19 test results. If you have symptoms of a common cold (runny nose, congestion) but no fever and no cough, you can come to work and wear a mask at work as usual.  When wearing a mask, you need to put it on and leave it alone.  Do not play with or move the mask around as that spreads your cold germs.  Wash your hands a lot.

1. **Hand Wash:** upon arrival to work, all staff need to go immediately to the kitchen sink and thoroughly wash your hands with soap and water for 20 seconds.  Please also ask all visitors (family visitors, visiting nurses, etc.) to go to the sink and wash their hands upon arrival to the home.  All staff and visitors should Purel their hands upon exiting the home.  Cough or sneeze into your elbow or a tissue, which you immediately dispose of and then wash your hands.

**3) Disinfect:** every shift, every day, Caregivers needs to sanitize frequently touched or handled surfaces.  The proper way to do this is to spray a small amount of disinfectant onto a cleaning rag and use that rag to wipe off solid surfaces, including inside and outside of doorknobs, toilet flushers, faucet handles, handles to fridge and oven and dishwasher, wheelchair and walker handles, and grab bars in bathrooms.  Use common household cleaners to wipe and sanitize tables, chairs, countertops, etc. in the home.

**4)  Limit spread between houses:**  Caregivers are not to visit other houses or take residents to other houses.  Caregivers will no longer be going into the garage at house 1, instead \_\_\_\_\_\_\_ will be delivering all items that you need (food and supplies).  This will take greater planning on your part, caregivers need to make a plan with \_\_\_\_\_\_\_ regarding what time he will pick up a list from you of the items you need for the week.  He will not be able to deliver items every day, so plan and think ahead and ask him for anything you will need all at once.  \_\_\_\_\_\_\_\_ will meet with each house and make a plan for this.  The goal is to have \_\_\_\_\_\_\_\_\_ only enter the garage, to limit the chance the exposure that occurs with multiple caregivers handling items in the garage.  If you have urgent need for an item from contact \_\_\_\_\_\_\_\_.  Please plan ahead and make sure you have asked \_\_\_\_\_\_\_\_\_ for what you need, in order to limit last minute needs.

5) Regarding how we will be triaging and dealing with a sick or potentially sick resident or caregiver.

**Sick Resident:**  If a resident develops symptoms of an upper respiratory infection (fever, persistent cough, any shortness of breath) – we will isolate them in their room for **presumed coronavirus** and will place them on close observation vital signs to determine if they need advanced medical care. We will check their temperature, pulse, BP, respiratory rate and 02 sat every 8 hours.  This is the same as standard care we always do. We will also recheck their O2 sat and RR every 4 hours.

**At this point, when a resident is in isolation,**

this resident is considered infectious until they are without a fever for 24 hours.  They will remain in their room at all times.

Staff will continue every 8 hours full vital signs/02 sat and narrative notes.  Continue monitoring additional 02 Sat and RR every 4 hours and Notify RN and for hospital transport if 02 sat persistently less than 86

If Resident Isolated, Staff will wear a respiratory mask, eye protection and gloves when entering the room and during care and will remove mask and gloves upon exiting the room, then wash hands.

* All care will be delivered in the room with the door closed and resident will not ever exit the room until no fever x 24 hours.
* During isolation, bed baths rather than showers
* During isolation, a caregiver needs to remain in the room during meals to prevent choking, and to provide social interaction
* During isolation, caregivers should cluster care, so as to provide all needed care during a period of time and prevent necessity of entering room multiple times.
* Residents need excellent supportive care, extra fluids, excellent nutrition and skin care and TLC to recover from their illness.

**Sick Caregiver**:  If a caregiver has a fever, persistent cough or SOB, they need to stay home until they have gone 24 hours without a fever.  If a caregiver has been tested and has a confirmed COVID-19 infection, they can return to work when they have two negative COVID-19 test results.

**ALL STAFF** - Please remember to wash your hands, upon arriving to work, after being out in the community, and between residents.  Washing your hands, avoiding shaking hands, and avoiding touching contaminated surfaces or touching your face, eyes, nose or mouth, is your best defense against this virus.

Our goal here is to keep all of you, and all of our residents healthy.

Thank you, \_\_\_\_\_\_\_\_\_