

COVID-19 Preparedness Plan

DEFINITION:

COVID -19 is a strain or type of coronavirus that was first detected in Wuhan, China. It is linked to the same family of coronaviruses that causes MERS-CoV and SARS-CoV. The virus is present around the world.

POLICY:

Care4Everyone (C4E) will act to reduce the risk of further spreading of the COVID-19 virus within the agency and the community. The agency will follow universal precautions and recommended practices while adhering to local, state and federal guidelines during the pandemic.

COVID-19 is transmitted through airborne droplets (sneezing and coughing), but indirect contact through hand transfer from contaminated surfaces to mucosal surfaces (such as nose and mouth) can occur. The virus can transfer between people who are in close contact with one another (within 6 feet). Symptoms range from mild to severe pneumonia and septic shock. There have been reports of individuals who have no symptoms. Based on this information, the procedures the agency will put in place address, prevention, protection, and control.

C4E will incorporate COVID-19 protections and procedures into the existing infection control plan for the agency. This will address training of all staff and clients to the steps needed for protection and prevention of spread of the disease.

PROCEDURE:

- I. Agencies will assure that staff have access to appropriate personal protective equipment for themselves and clients. Supplies and personal protective equipment include:**
 - A. Face masks
 - B. Cloth masks may also be used and should be laundered after each use.
 - C. Gloves
 - D. Antimicrobial soaps and alcohol-based hand hygiene products.
 - E. Follow your Personal Protective Equipment or Universal Precautions policy for details.
- II. All C4E's staff (INCLUDING PCAs and DSSs) should follow the standard precautions**
 - A. Hand Hygiene: Wash hands before and after client contact, contact with any potentially infectious material, before and after donning protective equipment, including gowns and masks. Hand hygiene includes washing hands with soap and water (20 seconds) at these time points, and if not possible use the alcohol-based products such hand sanitizers (contains at least 60% alcohol).**
 - B. Always wash hands:**
 1. When they arrive and leave shift
 2. After blowing one's nose, coughing, or sneezing
 3. After using the restroom
 4. Before eating or preparing food
 5. After contact with animals or pets
 6. Before and after providing routine care for another person who needs assistance
 - C. Wear face mask:**
 1. It can be cloth masks or disposable masks
 2. Wear you mask BEFORE entering work premises

3. If it is spoiled, then you will need to wear another clean mask
4. Take the mask off **AFTER** you are outside leaving work premises
5. Discard disposable mask after each shift
6. Do **NOT** share masks or wear used masks from work to home or vice versa
7. You have the option to wear a disposable mask or a cloth mask
8. If you choose to wear a cloth mask, you will need to wash after each use
9. Do **NOT** wear a mask if you are having trouble with breathing

D. Gloves:

1. Always wash hands first before putting gloves
2. Wear gloves for any contact with potentially infectious material (secretions, tissues, linens)
3. Always wash hands after taking gloves off
4. Never reuse gloves

E. Avoid touching your eyes, nose, and mouth. Always cover your cough and sneeze.

F. Continue practicing social distancing by staying 6 feet apart during shifts when it is possible. Social distancing of at least six feet will be implemented and maintained between workers, clients, guests, and visitors whenever possible. Due to the nature of Personal Care Assistant services, social distancing between a worker and a client is not always possible.

G. Clean and disinfect surfaces

III. Cleaning

- A. Wear disposable gloves to clean and disinfect.
- B. Clean surfaces using soap and water, then use disinfectant.
- C. Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.
- D. Practice routine cleaning of frequently touched surfaces.
 1. More frequent cleaning and disinfection may be required based on level of use.
 2. Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.
- E. High touch surfaces include:
 1. Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

IV. Disinfect

- A. Recommend use of **EPA-registered household disinfectant**. Follow the instructions on the label **to ensure safe and effective use of the product. Many products recommend:**
 1. **Always read and follow the directions on the label** to ensure safe and effective use.
 2. Wear skin protection and consider eye protection for potential splash hazards
 3. Ensure adequate ventilation
 4. Use no more than the amount recommended on the label
 5. Use water at room temperature for dilution (unless stated otherwise on the label)
 6. Avoid mixing chemical products
 7. Label diluted cleaning solutions
 8. Store and use chemicals out of the reach of children and pets
- B. Special considerations should be made for people with asthma and they should not be present when cleaning and disinfecting is happening as this can trigger asthma exacerbations. To learn more about reducing asthma triggers:
https://www.cdc.gov/asthma/reduce_triggers.html

V. Soft surfaces - For soft surfaces such as carpeted floor, rugs, and drapes

- A. Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- B. Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- C. Disinfect with an EPA-registered household disinfectant. [These disinfectants](#) meet EPA's criteria for use against COVID-19.
- D. **Vacuum as usual**

VI. Laundry - For clothing, towels, linens and other items, launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

- A. Wear disposable gloves when handling dirty laundry from a person who is sick.
- B. Dirty laundry from a person who is sick can be washed with other people's items.
- C. Do not shake dirty laundry.
- D. Clean and disinfect clothes hampers according to section V.
- E. Remove gloves, and wash hands right away.

VII. Ventilation

- A. Work to maximize the amount of fresh air being brought in, limit air recirculation and ensure ventilation systems are properly used and maintained.
- B. Minimize air flow blowing across people.

VIII. Meal and Food Preparation

- A. Prohibit food (including condiments) and beverage sharing
- B. Stagger meal times to maximize social distancing
- C. If meals are served family-style, plate each meal and serve so that multiple people are not using the same serving utensils

IX. Office Personnel ONLY

- A. For office workers at C4E, workers will be encouraged to work remotely when possible
- B. C4E employees rotate working from home each week to limit the amount of staff in the office at one time, while still ensuring staff are available on site to assist with public facing tasks.
- C. If they need to work in the office, they will be required to maintain social distancing of more than six feet from other coworkers.
- D. Each C4E staff will have a designated office room to provide separation from coworkers.
- E. If staff must be in close proximity (i.e. in the same office or common area), both workers are required to wear a cloth facemask.
- F. Hand sanitizer will be available in the office and workers are encouraged to use it when they arrive and before they leave.
- G. Phones, pens, computer equipment, desks, cubicles, workstations, offices or other personal work tools and equipment will not be shared and, if used by more than one person, will be cleaned and disinfected between users.

X. Office visits

- A. Clients and staff that need to come to the Care4Everyone's office will need to schedule an appointment
- B. Before the appointment, office staff will conduct a screening (refer to section XI.C) with the visitor no more than 24 hours before the visit is to occur
- C. Clients and staff must wear a mask
- D. Paycheck pick-up is currently suspended until further notice. Instead, they will be mailed out to staff.
- E. If you need to drop off any paperwork, please slide it in through the main door mail slot

F. All hiring, onboarding, orientation, training, etc. will be done via virtually/online

XI. In-Home Visit Considerations – QUALIFIED PROFESSIONALS (QPs) ONLY

A. Limit in home visits of staff to **essential** home visits only

1. Required by regulation
2. Ordered by the physician as a component of the plan of care
3. Question the critical need of ancillary services such as therapy or aide
4. If Telehealth is used, ensure the visits are included on the plan of care

B. Limit Staff exposure

1. Provide minimum necessary services in person to meet the client needs but ensure the safety of clients and appropriate visit utilization
2. Utilize telehealth, video conference, telephone calls as appropriate to meet the need of the client when conducting visits
3. Customize and adjust plan of care and visit frequencies for most essential members of the clinical team to visit the client
4. Schedule COVID-19 client visits at the end of the day, if possible, to minimize spread during other visits
5. Emphasize the need to use separate bedroom and bathroom for the client and minimizing the number of caregivers.

C. QP will identify clients at risk of having the infections before or immediately upon arrival at the home. QP will ask clients the following:

- **Has the client/family traveled internationally within the past 14 days?** For information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
 - If the person answers “yes”, the scheduled visit will not be provided until the symptoms have subsided for a minimum of three consecutive days, without the use of medications.
- **Does the client or family members have signs or symptoms of a respiratory infection?** (Specifically, Fever, Cough, Dyspnea, and Sore Throat). There are reports of other symptoms, but these are the primary ones.
 - If the person answers “yes”, the scheduled visit can occur if the results are negative. If the results are positive or pending, the visit should be rescheduled.
- **In the past 14 days, has the client had contact with someone who is under investigation for COVID-19 or ill with a respiratory illness?**
 - If the person answers “yes”, discuss the exposure with the person and assist them in determining if they should get tested. Follow the guidelines above for when someone has been tested to COVID-19. QP may postpone the visit until 14 days have passed since the potential exposure.
- **Does the client reside in a community where community-based spread of COVID-19 is occurring?**
 - If the person answers “yes”, discuss the exposure with the person and assist them in determining if they should get tested. Follow the guidelines above for when someone has been tested to COVID-19. QP may postpone the visit until 14 days have passed since the potential exposure.

D. When conducting home visits, QP is required to:

1. Self-monitor for symptoms of COVID-19 as described below.
2. Whenever possible, QP should wear face masks when working with clients.
3. C4E will make good faith efforts to provide PCAs/DSSs with either cloth or surgical face masks. QP may acquire and use personal face masks.

4. QP must ensure face masks are sanitized after each day, using guidelines from the Centers for Disease Control (CDC), www.cdc.gov or the Minnesota Department of Health (MDH), www.health.state.mn.us.

XII. Staff with signs and symptoms of a respiratory infection should not go in to work.

XIII. If staff develop signs and symptoms of a respiratory infection while at work, they should:

- A. **Immediately stop work**, put on a face mask and isolate at home
- B. Inform the agency's Manager of information on individuals, equipment and locations the staff member had contact with; and
- C. Seek their health care provider for further instructions
- D. Contact and follow the local health departments recommendations for next steps (testing, and locations for treatment)

XIV. Criteria for Return to Work for staff with suspected or confirmed COVID-19- based on CDC guidelines.

- A. Symptom based strategy- exclude from work until:
 1. At least 3 days (72 hours) have passed- defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms.
 2. At least 10 days have passed since symptoms first appeared
- B. Test based strategy:
 1. Resolution of fever without the use of fever reducing medications and
 2. Improvement in respiratory symptoms, and
 3. Negative results of an FDA Emergency Use Authorized COVID-19 from at least two consecutive respiratory specimens collected 24 hours apart
- C. Staff with laboratory confirmed COVID-19 who have not had any symptoms:
 1. 10 days have passed since the date of their first positive diagnostic test assuming they have not developed symptoms since their positive test
 2. Negative results from at least two consecutive respiratory specimens collected 24 hours apart.
- D. After returning to work, staff should wear a face mask **AT ALL TIMES** while at work.
- E. Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

XV. Clients require emergency medical attention if the following occur:

- A. Difficulty breathing/shortness of breath
- B. Persistent pain or pressure in the chest
- C. New confusion or inability to arouse
- D. Bluish lips or face
- E. Any other concerning signs or symptoms
- F. **Note:** management of clients with symptoms will be addressed later in policy

XVI. Personal Protective Equipment (PPE) for client with signs and symptoms of COVID-19 or with positive test or pending results:

- A. C4E personnel should put on PPE and take off outside of the home
- B. If the client has symptoms, a surgical mask should be placed on them if tolerated. Household members do not need mask unless they are symptomatic
- C. Staff should attempt to stay at least 6 feet away from client if possible, with understanding closer contact is necessary during assessments
- D. Hand hygiene should be performed before putting on and after removing PPE with a 20 second scrub with soap and water or using alcohol-based sanitizer containing 60—95% alcohol.
- E. Gown, gloves, and face shield or goggles should be worn if the client or household members are experiencing symptoms of COVID-19. Surgical masks are recommended for blocking droplet and splashes, the most likely form of transmission.
- F. Airborne protection (N95 respirator masks or other respirators) should be used during aerosolizing procedures such as suction and nebulizer treatments

XVII. When to discontinue Transmission based isolation precautions

- A. **When testing is available:** resolution of fever without use of fever reducing medications; and improvement in respiratory symptoms; and
- B. Negative test results from at least two consecutive nasopharyngeal swab specimens collected 24 hours apart in 72-hour period
- C. **When testing is not available:** at least 3 days have passed since recovery defined as absence of fever without the fever reducing medications and improvement in respiratory symptoms; and
- D. At least 7 days since symptoms first appeared or longer as specified by physician

XVIII. Accepting clients from hospitals or with known COVID-19 must be determined by the agency's ability to provide the necessary services safely and have adequate staff to meet the needs.

XIX. Notifying and working with MDH:

C4E will notify MDH when there is a confirmed case of COVID-19 in your program by calling 651-297-1304 or 1-800-657-3504 (Mon. – Fri., 8AM-5PM). You are expected to work with MDH and comply with their directive when given.

XX. Communications and Training

- A. All staff and clients will receive a copy of this policy and procedure
- B. Training will be provided to all staff on how to follow the plan, ensure they are capable of implementing it, and update them on any changes to the policy
- C. Copy of this plan will be available in the office and on the website
- D. COVID-19 training should be added to the current infection control practices of the agency
- E. Standard precautions are used for all clients. This infection is specific and very contagious but must be considered as part of a comprehensive infection control plan and a component of the Emergency Preparedness Plan
- F. All Staff must complete training