Revised 07/12/2021

**PLAN OF ACTION FOR COVID-19 POSITIVE RESIDENTS AND STAFF EMERGENCY PLAN TO INCLUDE PROPER SCREENING MEASURES**

Care for residents who are infected:

• Isolate residents who are infected

• Identify cohorts (exposed, infected)

• Determine level of required care

• Determine if hospitalization and transport are required

• Notify local health care/EMS

• Track signs/symptoms twice daily during am and pm med pass for unknown and every 4hrs for symptomatic residents by completing the screening log in Bluestep including temperature and oxygen readings

Other

• Contact LHD/DSHS regional office/health authority (HA)

• Ensure all relevant regulations/rules are followed

**Report every confirmed COVID-19 case to the local health department (LHD) or the Texas Department of State Health Services (DSHS). In addition, a confirmed COVID-19 case must also be reported to HHSC. You do not have to report positive COVID-19 cases that fall together within a 14 day period to HHSC after the first one is reported, but you must complete the survey monkey weekly.**

**In Advance** (actions focused on response) • Administrator is to notify the resident and resident POA of positive results • Notify all staff of positive residents including the name of the resident • Notify all other residents and POA of positive results omitting the name of the positive residents but including the building the positive results were found in • Continue frequent communication with staff, residents and families to answer all questions/concerns • Evaluate supplies/resources • Continue resident/staff/visitor screening • Determine what community sources are available for COVID testing and how, if possible, residents and staff can be tested (a “testing plan”) • Evaluate supply chains and other resources for essential materials such as the Health Department or the State

* **Immediate (0-24 hours)** • Activate resident isolation • Supply PPE to care for COVID-19 positive residents such as N-95 mask, gowns, gloves and goggles if needed for symptomatic residents with a cough• Screen residents for signs and symptoms twice daily• Screen staff for signs and symptoms twice daily• Clean and disinfect the facility more frequently with hospital grade solutions• Determine if health care personnel (HCP) are providing services in other facilities • Establish contact with receiving agencies (hospitals, other facilities) • Identify lead at facility and determine stakeholders involved external to facility • Engage with community partners (public health, health care, organizational leadership, local/state administrators) • Activate all communication plans via phone calls, sending message out on Care Merge and Family Connect

• Determine need for facility restrictions/lock-down • Maintain resident care • Work with the local health department/authority or DSHS to activate testing strategy to include testing of all staff and residents with resident/POA consent using DTR lab or HHS supplies for possible COVID-19. • If a staff member is symptomatic for COVID-19, the staff must be taken off the schedule immediately until results are obtained. If the staff test positive for COVID-19, the staff must be taken off the schedule for a minimum of 10 days and may not return to work until after the ten days and/or is asymptomatic.

**Extended (24-72 hours)** • Supply PPE for HCP and staff • Screen residents for signs and symptoms twice daily• Activate resident transport (resident out/in) protocols • Establish contact with transporting/receiving agencies (hospitals, other facilities) Continue decontamination procedures • Engage with external partners • Determine need for facility restrictions/lock-down • Maintain resident care

**Long Term (72 hours plus)** • Screen residents for signs and symptoms twice daily am and pm• Continue decontamination procedures • Establish contact with transporting/receiving agencies (hospitals, other facilities) • Maintain resident care

**Screening of Visitors-**A staff member trained by a management employee must perform the proper screening of all visitors outside of building prior to entry.

Screening includes the following:

* Obtain temperature and record on COVID-19 screening questionnaire
* Ask visitor all questions listed on questionnaire
* If visitor does not pass screening they will not be allowed in the facility (temperature must be less than 100.4)
* If visitor is allowed into the facility, they must have on a surgical mask and sanitize hands prior to entry and upon exit and may not remove mask for any reason.

**VISITOR MAY NOT SCREEN SELF, THIS MUST BE PERFOMED BY TRAINED STAFF MEMBER TO ASSURE WE ARE NOT ALLOWING A POSIBLE INFECTED VISITOR INTO THE FACILITY**

**STAFF MAY NOT SCREEN SELF, ONCOMING STAFF IS TO BE SCREENED BY OFF-GOING STAFF**

**ESSENTIAL CAREGIVER PROTOCLS:** All essential caregivers (EC) must complete the donning and doffing demonstration and education on infection control measures by either the WD or the Administrator prior to becoming an EC. Forms must be kept in resident document library for HHSC reviews. EC may not remove mask at anytime.