

Thresholds

Infectious Disease Management Plan (COVID-19)

2020

Coronavirus- COVID-19 is a respiratory disease caused by a new coronavirus that was first detected in China in late 2019. The virus is spreading person to person between people who are in close contact with one another (within 6 feet). The spread of the virus is through respiratory droplets produced when an infected person coughs or sneezes, landing in the mouth or nose of persons nearby or possibly inhaled into lungs. The symptoms of COVID-19 range from mild to severe illness and death for confirmed cases. Symptoms may appear 2-14 days after exposure and include fever, atypical cough and atypical shortness of breath. People are thought to be the most contagious when they are the sickest.

Older people and people of all ages with severe underlying health conditions such as heart disease, lung disease and diabetes seem to be at a higher risk of developing severe COVID-19 illness.

Normal Procedure

- All employees to complete annual refresher training on Blood Borne Pathogens and the use of Standard Precautions
- All employees to be re-educated on the importance of preventative measures to reduce the spread of infection and respiratory illness, including COVID-19.
- Refresher training to occur when admitting a consumer with infectious disease

Communication

- CEO to acknowledge the situation and provide reassurance that Thresholds is following and implementing actions directed by the WHO, CDC, MDHHS, network180, local health departments and other health systems throughout the state.
- Communicate to visitors and other stakeholders not to visit if they are ill or have been potentially exposed to persons with COVID-19.
- Educate staff at each phase on the plans that have been developed to guide our response.

Phase I: Credible threat of an Infectious Disease in U.S. with poor outcomes for our population

Goal: Reduce anxiety and panic, provide consistent communication and encourage action steps to prevent the spread of illness and respiratory infection.

Programs: All

Action:

- Increase messaging to reinforce preventative measures to reduce the spread of infection and respiratory illness to staff and persons served such as:
 - Proper hand washing- wash hands often with soap and water for 20-30 seconds after using the bathroom, before and after eating, after smoking, after coughing or sneezing, before and after passing medications or assisting with personal hygiene.
 - If soap and water are not immediately available, may use 60% alcohol based hand sanitizer to cleanse hands.
 - Avoid touching face, eyes, nose and mouth.

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- Cover cough or sneeze with tissue or into the elbow or shoulder, properly dispose of tissue and wash hands.
- Avoid close contact with persons who are sick.
- Discourage handshakes, fist bumps and hugs.
- Stay home and avoid contact with others if experiencing flu-like symptoms (atypical cough, atypical shortness of breath, fever).
- Verify good sanitization practices are being followed in each program.
 - Ensure surfaces are being disinfected.
 - Ensure tables, chairs, doors knobs, handrails, drinking fountains, cupboards and other surfaces are being properly sanitized with disinfectant.
- Provide education to persons served and encourage participation in reducing the spread of infection.
- Post signage in all locations that encourages visitors with potential COVID-19 symptoms and/or associated risk to refrain from entering:
 - Implement a Visitor Log at all locations- require all visitors to sign in and out of the building.
 - Encourage visitors to wash hands or use hand sanitizer before and after visiting. Place hand sanitizer near entrance.
- Reduce outings that take persons-served to large public places and gatherings of 50 or more people.
- Remain aligned with best practices from the WHO, CDC, MDHHS and local county health departments, network180 and other health systems throughout the State.

Phase II: Unidentified community transmission but NOT at Thresholds

Goal: Reduce anxiety and panic, provide consistent communication and encourage action steps to prevent the spread of illness and respiratory infection. Actively provide accurate information about the transmission of the virus within our community.

Programs: All

Action:

- Agency-Wide:
 - Continue to enforce preventative measures to reduce the spread of infection.
 - All staff to wash hands or use 60% alcohol based hand sanitizer upon the start and end of each shift.
 - Halt all visitors to all locations as allowed by law/Executive Order.
 - Notify CEO, Director of Human Resources or Operations Manager if an employee or person-served is a Person Under Investigation (PUI-experiencing symptoms and being referred for testing for COVID-19) or tests positive for COVID-19 for reporting to the Health Department.
 - Identify and train Administrative and other agency staff to provide supportive services such as shopping, program errands, meal preparation, laundry and cleaning in the event of a move to Phase III:
 - Operations Manager to determine extent of capabilities of support.

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- Consider and obtain food supply and other necessary items for persons-served to shelter in place.
- Residential Programs:
 - Increase cleaning and disinfecting of the program to at least once per shift. Home Supervisors increase monitoring and provide on the spot education on the proper use of PPE, importance of hand washing, and program cleaning procedures.
 - Increase monitoring of individuals who are experiencing atypical cough, atypical sore throat, fever, or atypical shortness of breath. Seek primary care physician intervention as soon as possible. Primary Care Physician to determine course of action and need for further testing.
 - Halt all visitors to all homes as allowed by law/Executive Order.
 - Conduct Health Evaluations on all those entering residential facilities who do not live in that facility (e.g. staff, guardians), denying entry to those who answer any of the following questions in the affirmative:
 - Is there any reason you have been instructed to self-quarantine/isolate?
 - Do you have any symptoms of a respiratory infection (e.g. atypical cough, atypical sore throat, fever, atypical shortness of breath)?
 - Have you had contact with any Persons Under Investigation (PUIs) for COVID-19 within the last 14 days OR with anyone with confirmed COVID-19?
 - Enable remote communication options for individuals to contact family, friends and outside support systems.
 - Notify CEO or Operations Manager if a resident is a Person Under Investigation (PUI-experiencing symptoms and being referred for testing for COVID-19) or tests positive for COVID-19 for reporting to the Health Department.
- Community Programs:
 - Enable remote communication options for ICLS/OBRA/Respite staff and persons-served.
 - If individuals are experiencing atypical cough, atypical sore throat, fever, or atypical shortness of breath, seek primary care physician intervention as soon as possible. Primary Care Physician to determine course of action and need for further testing.
 - Notify CEO or Operations Manager if an individual is a Person Under Investigation (PUI-experiencing symptoms and being referred for testing for COVID-19) or tests positive for COVID-19 for reporting to the Health Department.
 - Assess community programs for closure.
 - Assess remote capabilities for community services via Skype, Telehealth, etc.

Phase III: Increasing community transmission, actual and/or heightened exposure to Thresholds, including diagnosed and/or suspected infections

Goal: Reduce anxiety and panic, minimize the spread of illness and provide quality care to those with suspected or confirmed cases of COVID-19.

Programs: All

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All Agency

- Actions to prevent the spread of COVID-19:
 - Staff and persons-served to wash hands FREQUENTLY. Wash with soap and water for 20-30 seconds after using the bathroom, before and after eating, after smoking, after coughing, sneezing or blowing nose, before and after passing medications, providing personal care and removal of gloves.
 - If soap and water are not readily available, staff and individuals may use 60% alcohol based hand sanitizer to cleanse hands, be mindful of leaving this readily available for those who may attempt to consume orally.
 - Avoid touching face, eyes, nose and mouth.
 - COVER cough or sneeze with a tissue, into elbow or shoulder, properly dispose of the tissue and wash hands.
 - Discourage hugs, handshakes and fist bumps.
 - Verify good sanitation practices are being followed in all locations.
 - Maintain 6 feet social distance as able.

Residential Program

- Daily health screening of all residents
- Assess for COVID-19 symptoms (atypical dry cough, atypical shortness of breath, fever)
- Take temperature at the same time each day
- Health screening prior to entry into all Thresholds locations:
 - ALL individuals who enter the all Thresholds locations MUST complete the COVID-19 Screening:
 - COVID-19 exposure= being in contact with an infected person less than 6 feet for 15 minutes or longer
 - An employee should stay home and seek medical attention when:
 - ✓ They have a fever of 100.4 or higher
 - ✓ Are experiencing new or worsening shortness of breath
 - ✓ Persistent cough, lack of energy, body fatigue
 - An employee may continue to work:
 - ✓ With a sore throat and/or cough and NO fever. Employees should wear a surgical or homemade mask as available, continue to practice universal precautions and self-monitor symptoms
 - ✓ If fever develops while at work, put on a surgical mask, report to your supervisor, limit contact with others, wait for your replacement and go home.
- Cleaning and sanitizing practices:
 - Cleaning and sanitizing efforts must be documented on the Cleaning Log:
 - After each use: items that come into contact with a person's face or mouth and items that are passed directly from one person to another such as: phones, eating surfaces, thermometers, shared activity supplies, condiment bottles, stethoscopes, etc.
 - Twice per shift: All hard surfaces or frequently touched surfaces such as light switches, remote controls, door handles, faucets, toilets, buttons, keypads, grab bars, keys, IT equipment, all furniture that can be wiped.
 - Once per shift: offices, desk, chairs, IT equipment used by one user

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- Clean and disinfect common or shared bathrooms if used by a person with suspected or confirmed COVID-19 after each use.
- Home Supervisors should increase monitoring of cleaning and sanitizing practices consistent with the CDC Cleaning and Disinfecting protocol in each program.
- Outings and Group Activities
 - Allow one-to-one outings only to urgent medical appointments; resident must wear a surgical mask for all appointments.
 - Encourage outside activity as tolerated
 - Encourage in-home activities
 - Cancel all psychoeducational groups and recreational groups
 - Encourage remote communication using Zoom/Skype/FaceTime from Thresholds devices for residents to remain in contact with family, friends, guardians, and outside support systems
- Visitors
 - NO visitors allowed in the program.
 - Offer remote visiting with guardians via Zoom/Skype/FaceTime from Thresholds devices for resident to remain in contact with guardians. All in-person visits from guardians must be arranged in advance by the Home Administrator.
 - Allow outside visits from medical providers such as PCP, OT, PT as appropriate.
- Use of masks and other PPE
 - During phase III, staff are required to wear masks at all times:
 - Staff are to keep the mask on for the entire shift worked.
 - Discard surgical mask after use or if contaminated prior to end of shift (dropped on floor, very damp, visibly soiled on the outside of the mask).
 - Wash cloth mask in bleach water after each shift.
- Gloves:
 - Follow routine procedures for glove usage such as direct contact with residents for laundry, cleaning and sanitizing.
- Other PPE:
 - Follow the care of the sick in isolation protocol regarding use of PPE
- Food and Supplies:
 - Ensure a two (2) week supply of program food on hand at all times.
 - Monitor PPE supplies closely, notify Operations Manager when supply is decreasing.
- Transporting Resident to Testing Site or Medical Appointment:
 - Staff and resident must wash hands prior to putting on surgical mask and gloves, these are to remain in use for the entire duration of the transport
 - Upon return from testing, follow “Care of the Sick in Isolation” Protocol (attached) for removal of gloves and mask.
 - Immediately following the transport, sanitize all parts of the vehicle that the affected resident touched and leave vehicle windows open for at least one hour.
- Care of Residents with New/Worsening Symptoms, Awaiting/No Diagnosis
 - Follow “Care of the Sick in Isolation” Protocol (attached)
 - Care of Residents with Confirmed COVID-19 Diagnosis
 - Medically Stable Residents:
 - Follow “Care of the Sick in Isolation” Protocol (attached)

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- Medically Unstable Residents
 - Contact Home Supervisor and/or Residential Director to assess need for consultation with medical providers for transfer to a hospital
 - Call 911 if the resident is experiencing life-threatening conditions
- Notifications/reporting
 - Complete/file a network180 Critical Incident Report and an AFC Incident Report for residents with positive COVID-19 testing.
 - Report all staff and residents under investigation (those who are experiencing symptoms or are being referred for testing) to the Operations Manager and CEO.

Community Programs

Thresholds Community Services Programs; Individual Community Living Services, and Respite will be addressed in the same way.

Health screening prior to authorizing NEW ICLS/Respite services

- At the time of referral, the supports coordinator and/or guardian will verify:
 - The individual/all persons in the home are symptom-free and have been symptom-free for at least 14 days.
 - The individual/all persons in the home have been complying with all applicable governmental orders.

Service Provision Standards

- ICLS/Respite staff will wear gloves and masks at all times when working with individuals.
- Individuals served will wear a mask when receiving ICLS/Respite services
- All individuals served will receive training on COVID-19 health standards (SC will write IPOS goals as applicable):
 - Common COVID-19 symptoms
 - Proper social distancing behaviors
 - Proper hand washing techniques,
 - Effective cleaning of surfaces (e.g. doorknobs, countertops)
 - Sanitizing new items that come into the home (e.g. groceries)
 - Proper temperature-taking.
- Individuals will be encouraged to maintain a log with the names of any visitors who've come into their home or people with whom they've been in close proximity and the date of the contact
- Whenever possible, ICLS staff will provide services outside the individual's home (e.g. patio, porch)
- If ICLS services are provided in the individual's home
 - Individuals will report if they've had visitors into their home or been in close proximity with anyone since their last ICLS appointment
 - ICLS staff will wear masks and gloves at all times
 - ICLS staff will sanitize surfaces prior to coming into contact with them
 - Proper social distance will be maintained whenever possible
- ICLS staff will provide transportation only to urgent psychiatric or medical appointments

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- During transports individuals served will
 - Ride in the back of the vehicle
 - Wear face masks and gloves
 - Have vehicle windows open at least ½ inch to offer flow of fresh air.
- Individuals and ICLS staff will wear masks and gloves for all appointments, unless medical staff instruct otherwise.
- ICLS staff will disinfect the vehicle interior after each transport.
- ICLS will encourage outside activity (such as walks) and in-home activities
- To help individuals maintain social connections and contact with guardians, ICLS staff will train individuals on web-based applications such as Zoom, Skype, FaceTime and Doxy.

OBRA has the following components:

- OBRA Case Managers will make all contacts via telephone. Assuring if the individual can speak that they are given the phone directly to talk into.
- DOXY will be used in situations where the individual benefits from this tool.
- ALL ARR's will be completed gathering information via email/fax/phone calls.
- All ARR's will state how OBRA staff collected the information needed for the report.

Life Skills and OOHNV are suspended in Phase III.

Phase IV: Thresholds develops as a “hot spot” of cases

Action: Continue operation as stated in Phase III with additional support and guidance from local, state and federal agencies.

Caveat: This infectious disease management plan is subject to change based upon information provided by the WHO, CDC, MDHHS and other health service agencies.

References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Updated: 5/08/2020