

COVID-19 Infection: A Provider's Response Paradigm

Disclaimer: this is being shared as current information and what one provider did. We are not recommending this course of action, but merely reporting where we are today – within 24 hours of being notified of a positive COVID-19 test.

- This information is not complete – and not all actions taken are noted here – just what we thought would be helpful for other providers to see in terms of our initial assessment, and concerns.
- If we have material, additional useful information we will share it at that time – in the meantime, we hope some of the things we note here will help others critically think through the process of having to treat these patients.
- We believe we will see them as the epidemic continues – despite following the guidelines provided by regulatory bodies, which we have diligently pursued.

Situation:

- We had a patient with a temp – who we discharged to Hospital with COVID symptoms. Got a positive test.
- 3 more residents in our building were all running temps at the time we learned this.

The Center's leadership put a COVID response plan in place March 3 and restricted all visitation as of March 10.

- All staff, vendors, and practitioners have been screened before being allowed in since March 3.
- Prior to restriction, all visitors were screened before being allowed in.
- Our initial plan was intended to limit the risk of exposure and protect the residents. The goal remains in place, but our focus is now to treat the positive resident and prevent or limit any exposure to the rest of the center.
- It helps immeasurably that the Executive Director and Director of Nursing managed to project calm throughout – this is essential to provide for calm for the staff in what could be a hysterical situation.

We got our entire regional group – and the facility – together to talk through a plan to coordinate efforts:

- We decided to create a separate unit (which is geographically disconnected from the rest of this center).
- We moved the 3 residents on to this unit (in isolation) – and are monitoring – and are following the CDC/State guidelines re: testing.
- We have increased pay by a significant amount per hour for employees on the unit.

- We set up a short video focused on infection control and how we are to care for the patients in the unit – this is being used widely within this center to ensure all are aware of procedures.
- Created negative pressure environment w/bathroom fans – you need to secure the switches to make sure they cannot turn fans off (with a fairly inexpensive tamper-proof device).
- This unit has PTAC units – so there is no central air circulation – obviously critical for such a unit so that it eliminates cross-contamination with the rest of the center.
- Our physical plant evaluators were key in helping us establish the above – and thinking through the physical environment – they need to be paired.
- A few additional details of the precautions taken:
 - Interior of the dedicated unit:
 - Install double plastic wall at the unit entrance.
 - Seal around all edges.
 - HVAC vents (supply/return) in common areas or resident rooms – sealed to provide isolation from rest of center.
 - Create a decontamination area for carts, trays, equipment, etc. coming on/off the unit.
 - All PPE is being kept inside the isolation zone.
 - Employees staffing the unit will be in PPE and will be given extra pay in light of the situation.
 - Exterior to this dedicated unit:
 - Modify existing exterior door locking mechanism (maglock) to provide secured access (via keypad) for dedicated staff only.
 - The wing is equipped with individual PTAC units allowing for separate, isolated tempering of each rooms environment eliminating cross-contamination to other rooms/compartments.
 - As an additional precautionary measure, a high micron filter will be installed in the main (central) HVAC system.

The State came out – and they had a few additional suggestions:

- They have a dedicated COVID-19 task force – they came immediately – and tested the employees and patients – and have assisted with testing system on an ongoing basis.
- Recommended that residents which were transferring in and out of building must have mask on.
- Residents in a hallway with line of sight to the unit should also have a mask.
- Also recommended that no clothing on the unit moves off the unit (i.e., scrubs, etc.) except to be laundered w/antiseptic in controlled manner.